TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

TO FUN

VS A15 (4) 15M 9/SS

Page 4

joyrs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10549

CERTIFICATE OF DEATH

10534 Reg. Dist. No. 245

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TAL AL hou		L	PHYSICIAN'S NAME (Type) / JUHN M. BAYLY W73 H 6 DC	
o HOSPI may be o FUNER page 3 t		220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
moy hoge poge		23.	ENOVAL 10-1-36 Magnolia PALADEIPHIA	PA:
VS A15 (4)		23.	1. C H Jan C 2901 140 St N. W - OCT 9 56 1884	ATURE
15M 9/55			SIR NULLS WASHING TOW. DC DATE	

BUREAU V. S.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OCT 25 1956

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TO FUNER 27

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10594

CERTIFICATE OF DEATH

10541

Rea Dist No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Prince George Is b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write & JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) University Park, Md. University Park, Md. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6821 Pineway 6821 Pineway YES TO NO DO Middle 4. DATE Month 56 Helen Johnson Bamberg DEATH Oct. 22. 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) white Feb 18, 1904 Months Days female Hours WIDOWED | DIVORCED [7] 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWITE Own Home USA Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Sausen Albert Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Aridress University Park. Md. Ravburn H. Bamberg None no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. et. Not while at work at work 21. I certify that I attended the deceased from 4-10 1949, to 10-2-2 . 19 1 that I last saw the deceased ____, and that death occurred at______M, from the causes and on the date stated above. ADDRESS (Street, cut) or town, stylie ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY MEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S-SIGNATURE

DATE

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TEAU V. E.

John T. Maloney, M.D.

22b. DATE THEREOF

(LITMORE,	10	10549
DEATH	Barrio Blad B	10543
	Reg. Dist. N	
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b. COUNTY	77111	ce Georges
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		. IS RESIDENCE ON A FARM?
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Month	Do	y Year
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9. AGE (In years)	IFUNDER TYEA	
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Address		
okeek, Md.		
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Octob	er 27,	1956
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STRAR / 24b. REGIS	TRAR'S SIGNATI	URE

DEPUTY MEDICAL EXAMINER

24o, REC'D 8Y REG

22d. TO

22c-NAME OF CEMETERY OR CZEMATORY

ADDRESS

VS. A15ME(5) 5M 9755

0

NAME (Type)

22a. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

BEBEVA A. E.

VS. A15ME(S) J

10544

		DEEK			-			Reg. D	ist. No.	
1, 1	LACE OF DEATH	0000			2. USUAL RE	SIDENCE (Where dece	used lived. If i	nstitution; Resid	ence before	odmission)
	COUNTY Prin	ce George	s Cour	ty MARYLAN	o STATE	Washington	D. Cco	UNTY		
ŀ		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	c. CITY OF	TOWN (If outside co		write RURAL on	d give neon	est town)
31	Cheverly	Md		10 minutes		Washington	D. C.	*		
-		L OR INSTITUTION (IF	not in hospit	ol, give street address)	d. STREET	ADDRESS		₹	(A)	IS RES DENCE
		eorge's Gen			1318	Massachuse	tts Ave	, N. W.	Y	ON A FARM?
	NAME OF DECEASED	First	1	Middle	Los	OF		Aonth .	Day	Year F. C
	Type or print)	Emory		Oley	Bower			ctober	20,	• • • • • • • • • • • • • • • • • • • •
5. 5	_		7. MARRIED	NEVER MARRIED			9. AGE (In year lost birthday)	Months		UNDER 24 HRS
	male	<u> </u>	WIDOWED		Dec 18	, 1877		yrs,	Duys In	DOLD PAIN.
100	USUAL OCCUPATIO	N (Give kind of work d	one 10b Kfh	ID OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote or foreign	country)	12. CIT	IZEN OF W	VHAT COUNTRY
	Clerk	Stanley	Horne	er Co. Automo	obile	Maryland		U.	. S. A	1.
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
		Elijah Bo	wen		Moll	ie King				
		R IN U. S ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT		1208 Ad	thore F	land	
1,41	no	no	57'	7-10-5841	Edward L.	Bowen		re. Mar		
	18 CAUSE OF DEAT	H [Enter only one caus	e per line for	r (o), (b), ond (c).]	1	1	1 /	/	INTERVAL	BETWEEN
		H WAS CAUSED BY	/	· to on	austin	is . Assas	1-10	Vine	ONSET AF	ND DEATH
	442x	MMEDIATE CAUSE (o)	446	ALL ETT	1	- JV.Car	1 fers	wire.		
	Conditions, if as	DUE TO	P	1.2	1).		7			
	gove rise to immed	iote couse	an	MAT VOUS C	wan	runax	dusi	col_		
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7		FOR SIGNIFICANT COND	UT ONE CON	TRIBUTING TO DEATH BU	NOT BELATER TO	THE TERMINAL DICE	C COMPITION	CIVENI IN LEAD	T.1(-) 10 .	WAS ALIZORSY
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ERT	20a EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	TRIBUTING [P INTERNATION I	IOW INSURT OCCURRED	trues hours of th	1007 111 1001 3 01 1011	I OI HEIM IS.J			
	20c. TIME OF INJUR	Y Month, Day, Year	20d IN	JURY OCCURRED 20e. P	ACE OF INJURY	Home, form, 20f. (Ci	iv he howell	ICo	unty)	(Stole)
MEDICAL	Hour a.m.		While	Not while fo	ctory, street, office	bldg., etc.)	17 01 10 1111	(00	21077	(21016)
¥	p. m.	19		of work	1.17				577	
	•	_		mains described at			Inspection			and find tha
	death resulted	tram: Natural c	ouses 2	, Accident], S	uicide [], }	łamicide ∐,	Indetermine	ed cause		
		/ > -	1.	()					D	ATE SIGNED
	SIGNATURE	Minu.	Ma	Dry	M.D. CHIEF A	AEDICAL EXAMINER				712 3101120
	EXAMINERS				ASSISTA	INT MEDICAL EXAMIN			1-1	
	NAME (Type)	John T. Mai	loney	M.D.	DEPUTY	MEDICAL EXAMINER	B / C	7-21-	36	
220	BURIAL, CREMAT OF REMOVAL (Specify)	4, 22b. DATE THEREOF		C. NAME OF CEMETERY	R CREMATORY		ATION (City, to			(Stote)
I	Burion	10/24	/56	Western	Cemeter	v Ba	itimor	e, Md.		
23.	FUNERAL DIRECTOR			ADDRESS		240. REC'D BY REGIS	TRAR 24b. I	EGISTRAR'S SIG	SHATURE	
J.	T. Star	isbury 64.	LL Win	ndsor Mill	Rd. 7	na%CT 2.4 '58	(Per	L alice	/	

BUREAU V. E.

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0557	CERTIFICATE	OF DEATH
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Reg. Dist. No. 1()546

										774 7740.	
1. PLACE OF DEATH a. COUNTY Prince	Georges		MAR	YLAND	l of STATE	spence (what yeld		d lived. If institut b COUNTY	Princ	ce before o	dmission) OFGES
b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAT	Y IN 16	c. CITY O	R TOWN (If o	utride corpo	rate limits, write			
38 Chever						River	dale				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street	oddress)		d STREET	ADDRESS				e tS	RESIDENCE
Prince Ge	eorges Ger	iera	l Hsopita	al	5709-	-64th	Ave	nue			S NO X
3. NAME OF DECEASED	Fir	st	Middl	e		ast	4. DATE	Mo		Day	Year
(Type or print)	REMUS		E		BROWN		DEATH	Octob	er 7	7th,	1956
5 SEX	6 COLOR OR RACE	7. MARR	IED X NEVER MARR	IED 🔲	B DATE OF BI	TH		9 AGE (In years lost birthday)		1 YEAR IF L	JNDER 24 HRS
Male	White	WIDOWI	DIVORC	ED 🔲	August	29.1	.898	58 yrs.		Days Ho	ours Min.
Our Design Control of Wor Adjuster	ON (Give kind of wark king life, even if retired	done 10b.	kind of Business odward & Lothrop	or indus	• mon	00 00	ruitt y	Georg		JSA	HAT COUNTRY
13. FATHER'S NAME	_					S MAIDEN N					
Charlie	Brown				Lizz	ie G	oggi	ns			
15 WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17 II	NFORMANT		51	70964	בא מיים (P)	70 . R1	verdal
None	None	2	55-18-83		arie V	. Bro		700 101	OII M	ro elli	Md.
	ATH [Enter only one co	use per lir	ne for (o), (b), and (c)	4	5	1	,				L BETWEEN
PAKI I. DEA	ITH WAS CAUSED BY: IMMEDIATE CAUSE (o	1 10	iyccur	sal	du	Gare 1	Sny			10	CIA
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gove rise to i cause (a), slating	mmediate (1	
lying couse last.	(c	1									
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3											NO 🗗
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	CRIBE HOW INJURY O	OCCURRED). (Enter nature	of injury in f	art Lar Part	I II of item 18.)			
20c. TIME OF INJUR Hour a. 51. p. m.	Y Month, Day, Yes	While	Not white at work	20e. PLA fac	CE OF INJURY tory, street, off	(Home, farm, ce bldg., etc.	20f. (City	or lawn]	(Co	aunty)	(State)
21. I certify th	at I attended the	deceas	ed from Usi	reh	10 1/	6 m 6	trock	/ 101//	5 45-46 1 1		the decease
alive an 66	tober)	10 1	-7	Part, Easy		1125					
dilac dilactar			dia ma	deam	accurred a			the causes of th		ie dote s	tated above DATE SIGNE
ACTUAL SIGNATURE/	Lacold.	+ to.	ner	,	W.D. V Y		LECK of	10 10	S/ 4	a Hon	, le - ls
PHYSICIAN'S /C	onals.	SF	EE ISCH	ER	1 (2222					/	10/4/18
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23. FUNERAL DIRECTOR			ADDRESS	٦.	Ma	24a. REC'0	BY REGIST	RAR 24b REGI	ISTRAR'S SIG	NATURE	
W.W.Cham	bers Comp	any,	Riverda	Te,	Mae	DATECT	15 56	1	Jr.	#	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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OCT 25 1956

1	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
	CERTIFICATE	OF DEATH
4 24	10500	Keg. Dist. No. 2017 O
Pog wed w		JAL RESIDENCE (Where deceased lived If institution, Residence before admission) TATE b. COUNTY C
Figure 1	chince Georges	Md. Irince beorges
learth bero	RURAL and give nearest town)	TTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
out out	8. NAME OF HOSPITAL (If not in hospital, give street address) d.	STREET ADDRESS (e. IS RESIDENCE
2 2 2	POR INSTITUTION .	ON A FARM?
nd n	3 NAME OF First Middle	Sains Road, Route #1 YES NO
24 h	DECEASED	Lost 4. DATE Manth Day Year OF 10 SEATH
in E	Jiacy C	na new
# 45 A	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE WIDOWED DIVORCED 4	lost birthday) Months Days Hours Min,
nple and series	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (Stote of foreign country) 12 CITIZEN OF WHAT COUNTRY?
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e e ond rough	13. FATHER'S NAME	OTHER'S MAIDER NAME
ion car	R R	1 /1 /2
physical hours	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA	ANT Address
ng pt	[Yes, no. or unknown] [If yes, give wor or dates of service)	(/ 2)
ath ndin	18. CAUSE OF DEATH [Enter only one course line for (o), (b), and (c))	LIMITERVAN BETWEEN
ple with	PART I, DEATH WAS CAUSED BY:	The state of the s
the children the	IMMEDIATE CAUSE DUE TO	2.0000000
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SIC of the control of	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Home, form, 20f. (City or town) (County) (State)
PHY or or o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to p. m. 19 of work	net, office bldg., atc.)
for the far th	21. I certify that aftended the deceased from	to to the lost saw the deceased
Affi hed riol,	alive and that death accur	
TEP The The OR: Obe	ome on the same occur	red a NAM, from the causes and an the date stated above. ADDRESS (Street, city or town ATO(e) ADATE SIGNED
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0- 5- E		A CONTRACTOR OF THE PARTY OF TH
TAI reigh	PHYSICIAN'S RABERT CHINGFIE	·LD
DSPI De De De Gistor	220. BURIAL CREMATION 226. DATE THEREOF 22c. MAME OF CEMETERY OF CREM	ATORY 22d. LOCATION (City, Novemor county) / [Stote] /
HOY FUN	The second of th	Jawrest Ma (PC. Louis
5 5 5 5	23. FUNERAL DIRECTOR'S SIGNATURE / P ADDRESS	24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A1S (4) 15M 9/55	Cultil Concideon Jaura 18	DATE OT 11 1956 Mo Las Levere
		O Mayabag



BUREAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALT	IMORE, 18	10550
	10596 CERTIFICATE OF DEATH	Reg. D	Dist. No. 2 42
1	PLACE OF DEATH O COUNTY RINCE TRUTCE MARYLAND 2. USUAL RESIDENCE (Where deceased o. STATEMEN MARYLAND)		
X	b. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write I LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits) (I LENGTH OF STAY IN 1b c. CITY OR TOWN (I LENGTH OF STAY IN 1b c. CITY OR TOWN (I LENGTH OF STAY IN 1b c. CITY OR TOWN (I LENGTH OF STAY IN 1b c. CITY OR TOWN (I LENGTH OF STAY IN 1b c. CITY OR TOWN	ate limits, write RURAL and	give nearest town)
£19	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Ne 906 594	ave	ON A FARM?
3	NAME OF DECEASED (Type or print) MARY (DEATH	Oct.	Day Year 3 1956
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED	9. AGE (In years lost beligday) Months yrs.	R I YEAR IF UNDER 24 HRS Days Haurs Min.
1	DO. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 EIRTH LACE (Stole or foreign conduring most of working life, even if refired)	12. CI	ITIZEN OF WHAT COUNTRY:
13	A FATHER'S NAME	n	
11	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	Address QO6	5-9 tha
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 8. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 4 POS TATIC Reummid	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH School
	3.31 X DUE TO CEREBRAL Hem orchuse		3 moi
	gave rise to immediate cause (a), stating the under lying cause last. DUE TO ESSENTIAL HYPERTENSION		7
NOTA	CPART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CAROLO-VASCULAR HEART DIJEGUE	CONDITION GIVEN IN PAI	RT I(a) 19. WAS AUTOPSY PERFORMED? YES NO
7.11.07.1110	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part (IF EITHER, NOTIFY MEDICAL EXAMINER)	II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. White of work of work of work of work of work	or town) ((County) (State)
	21. I certify that I attended the deceased from ANAD: 10, 1955, to Oct. alive on 145, 1956, and that death occurred at 8:30AM, from		last saw the deceased the date stated above.
	ACTUAL SIGNATURE	eel, gily or fewn, state)	DATE SIGNED
	PHYSICIAN'S Robert R. Nelson		
2		ON (City, town, or county)	(State)
2.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	AR 24b. REGISTRAR'S SI	GNATURE
	July Court of the	00100000000000000000000000000000000000	marken

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BUREAU V. S.

DIAMIZOTA OCT 3 · TOO

BUREAU V. F

1, F	PLACE OF DEATH				2. USUAL RESIDENCE (\	Where deceas			ce before o	odmission)
	Pr	ince Georges	5	MARYLAND	a STATE Mar	yland	b. COUNT	Pr.	Geo.	
b	ond give negrest town	(f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corp	oorate limits, write	RURAL and g	ive neare:	t town)
				transient	Brentw	rood				
d	I. NAME OF HOSPT	Lenn Dale	not in hos	pital, give street address)	d. STREET ADDRESS					S RESIDENCE
	Glenn	Dale Road			3708 Al	lison	Street			on a farm? s 🗍 no 🛅
3. I	NAME OF	First		Middle	Lost	4. DATE	Mont	h	Day	Year
	DECEASED (Type or print)	Joseph		Edward	Day	OF DEATH	10	20		19 56
5.5			7. MARRIE			1	9 AGE (In years			INDER 24 HR
			WIDOWED	DIVORCED [1. CATE 27-29		lost birthdoy)		ays Ho	
	Male			IND OF BUSINESS OR INDUS	TOV 11 BIOTHOLACE (SALA	an faraiss a	27 yrs	13 CITIZE	EN OF WI	AT COUNTR
d d	furing most of worki	ing life, even if retired)	1			t ot toterân r	ounity)			
	Mechanic	;	En	gineering res				U	.S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN I					
	Walla	ce Eugene Da	ay		Mary	Eliza	beth Kin	g		
15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address									
	ves	1950-53 Arm		577-34-1851	Cornelia Wil	liams:	Look 36	thStre	et. N	It. Rai
		ATH [Enter only one cause							INTERVALI	ETWEEN
									ONSET AN	DEATH
		ATH WAS CAUSED BY	Her	morrhage and	shock					
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	He	morrhage and a	shock					
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d" r. Page 4 should be farwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file?

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permitting. File pages 1 and 2 with the registrar prior to burial, cremoting.

V\$. A1SME(S) SM 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10551

SECENSED SEC

savera A. E.

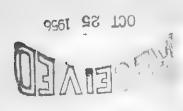
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S 'A RYELL'G

9501 . .



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. S.

10557 Rea. Dist. No e IS RESIDENCE ON A FARM? YES NO B 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A.

Addres Forest Hts, Md. 211 Sachem Drive,

INTERVAL BETWEEN ONSET AND DEATH mar.

(County)

(State)

PERFORMED? YES NO 🔀

26, 1956, that I last saw the deceased at 12:30P.M. from the causes and an the date stated above.

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

(Stote)

Trinity Com. Holv Duquesne. Penna. **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

.H. Hines luthSt.N.W Co. 2901

0 15M 9/55

BUREAU V. S.

9961 60 Luc



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	10558
	10601 CERTIFICATE OF DEATH Reg. Dis	1. No 2 42
(M	1. PLACE OF DEATH O. COUNTY B. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 RUBAL and/Dive pearest towns 2. USUAL RESIDENCE (Where deceased lived If institution Residence as STATE (Where deceased lived II) as STATE	ce before admission)
who will be a second of the se	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	o. IS RESIDENCE
2	5447 Silver Hill Roy S.C. 3447 Bilver Hill Kais	C, YES NO
ges 1 o	(Type or print) ANDREW M DUSTIN DEATH 10-12	Day Year
ي. ين	Male white, widowed DIVORCED 1-13-1894 62 yrs. Months	TYEAR IF UNDER 24 HRS Days Hours Min
death,	Reliefed Quard Die (Loute MARYLAND	U.S.A.
we carb	BRIZZILLA DUSTIN MARY MERCER	
in 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) 214-28-9285 MARION DUSTIN PAI	CKLAND MI
en plea	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chick Take There is he are	INTERVAL BETWEEN ONSET AND DEATH
nit. The	Conditions, if any, which) by Sterre rat arterio Se le rose 2	unbout are
ind in o	gave rise to Immediate cause (a), stating the under- lying cause last. (c)	
ial-tran naval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 ACCIDENT WAS UNDERLYING OR CONTRIBUTING O	1(a) 19. WAS AJTOPSY PERFORMED? YES NO
or red		
r use as emarian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work.	ounty) (State)
thed for	21. I certify that I attended the deceased from 15 C 10, 1956, to 15 1 2, 1956, that I I alive on 15 4 1 1, 1956, and that death occurred at 2 A M, from the causes and on the	ast saw the deceased
or to bu	ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL M.D. STYLOSI (CITE H. H.)	DATE SIGNED
trar pri	PHYSICIAN'S PAUL CVANNATA, Washington 28	*
he regis	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
5 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE OF ICAS A PEGISTRAR 246 REGISTRAR'S SIGNATURE ADDRESS DATE OF ICAS A PEGISTRAR AND A PEGISTRAR'S SIGNATURE ADDRESS DATE OF ICAS A PEGISTRAR AND A PEGISTRAR'S SIGNATURE ADDRESS ADDRESS	HATURE POLITICAL IN
9/55	The state of the s	Summer

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9567 77 100 PAUE 2 131

10559

10602 CERTIFICATE OF DEATH

Reg. Dist. No. 212

Conditions, If any, which gover rise to immediate course (a), stering the under-typing course (a).		-	V. V. L.							It digit with 1	1 1101	74.3
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neares light and give neares largery in the (runal) d. NAME OF DECEASED (Type or print) 1. NAME OF DECEASED (Type or print) 1. SEX MANE OF DECEASED (Type or print) 1. SEX MALE OF DECEASED (Type or print) 1. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. DECEASED (Type or print) 1. SEX MALE OF DECEASED (Type or print) 1. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. DECEASED (Type or print) 1. SEX MALE OF DECEASED (Type or print) 1. SEX MADE OF DECEASED (Type	JNTY	eorges		MAR	YLAND	2. USUAL RESID o. STATE					before adn	nission)
d. STREET ADDRESS 11/2! Le Ste, Ne Ve 2. NAME OF MOSTIVEN 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DECEASED (Type or print) 1. Leonard 2. NAME OF DEATH 2. NAME OF DEATH 3. NAME OF DECEASED 4. DATE 1. Leonard 4. DATE 1. Leonard 4. DATE 1. Leonard 4. DATE 1. Leonard 4. DATE 1. DOWN 1. Leonard 4. DATE 1. Leonard 4. DATE 1. Leonard 4. DATE 1. Leonard 4. DATE 1. Leonard 4. MOTHER'S MAIDEN NAME 5. Leonard 5. Leonard 6. L	OR TOWN (If outsi At and give nearest	outside corporate	- \							RURAL and giv	re nearest to	own)
2. NAME OF DECRASED (Type or print) 1. GONARD COURS OR RACE 7. MARRIED NEVER MARRIED 1/30/13 9. AGE (In years lost birthody) 1/3 yrs. 5. SEX	ME OF HOSPITAL (IF	L (If not in hospi	ital, give street		.o as	d. STREET AL	ODRESS				10	RESIDENCE NA FARM?
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1/30/13 9. AGE [In year) 1/40 1/30/13 1/40 1/	OF SED	····	First		e	Last		4. DATE	Мо			Year 19 56
OUSUAL OCCUPATION (Give kind of work done 10b. RIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Optician 3. FATHER'S NAME Charles Henry Easter S. WAS DECEASEDEVER IN U. S. ARMED FORCES? S. WAS DECEASEDEVER IN U. S. ARMED FORCES? To no. or sphonom) 16. SOCIAL SECURITY NO 223=05=1710 17. INFORMANT Decedent 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED (v). Bronchogenic carcinoma, left lung, with gave rise to immediate couse (o), stoting the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19 OR CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING COUSE LAST (C) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTION CAUSE (o) DUE TO CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) OR CONTRIBUTING CAUSE (o) DUE TO CONTRIBUTION CAUSE (o) OR CONTRIBUTION CAUSE (o) OR CONTRIBUTION CAUSE (o) DUE TO CONTRIBUTION CAUSE (o) OR		6. COLOR OR RA	ACE 7. MAS	RIED T NEVER MARE					9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UN	NDER 24 HRS
Charles Henry Easter S. WAS DECEASED EVER IN U. S. ARMED FORCES? S. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, gree were or delies of service) On an interval in the property of the service of	AL OCCUPATION (G g most of working life	N (Give kind of w	work done 10b	KIND OF BUSINESS	OR INDUST					12 CITIZ	_	AT COUNTRY
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 223=05=17140 Decedent 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchogenic carcinoma, left lung, with most one couse (c), attended to the under line of the under life line under	R'S NAME										74 h	
If yes, give wor or dates of services 223=05=1710 Decedent	arles Henr	enry Eas	ter			Sally	Will:	ie You	ıng ·			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma, left lung, with metastasis DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (c) PART II. OTHE	DECEASED EVER IN L	IN U. S. ARMED	FORCES? 16			FORMANT				lress		
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20c. TIME OF INJURY Month, Doy, Year Hour a. st. 19 white at work at w				CONTRIBUTING TO D	EATH BUT F	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART 1	PER	FORMED?
21. I certify that I attended the deceased from 9/5, 19.56, to 10/21, 19.56, that I last saw alive on 10/21, 19.56, and that death accurred at 10:115AM, from the causes and an the date ADDRESS (Street, city or towns, state)	ACCIDENT WAS UNI ONTRIBUTING () C. THER, NOTIFY MEDI	UNDERLYING E CAUSE OF DE MEDICAL EXAMIN	20b. DES	SCRIBE HOW INJURY	OCCURRED	Enler nature of	injury in P	ort I or Part	II of item 18.)			
alive on 10/21, 1956, and that death accurred at 10:115AM, from the causes and an the date ADDRESS (Street, city or towns, state)	Hour a. fi.	Month, Day,	While	Not while_	20e. PLA foct	CE OF INJURY (H lory, street, office	iome, form, bldg., etc.)	20f. (City	or town)	- (Co	unty)	(Stole)
wh	e on	1 l attended 10/21					10:115/	M, from	the causes of the towns	and an the state)	st saw the date sto	ne decease ated above DATE SIGNE
PHYSICIAN'S NAME (Type) Daniel Leo Finucane M. D. Glenn Dale, Md.	E(Type)						Glen	n Dale	, Md.		5 at 40 wint on at ut a	
220. BURNAL CREMENTION, PARAMETERS OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Warlung Grown	DVAL (Specify)	10/2	- 1		AETERY OR	CREMATORY			//	/	(5	fore)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE C 2-156 DATE C 2-156	EAL DIRECTOR'S SIGI	SIGNATURE	_	3/ (Na.					STRAR'S SIGN	ATURE .	

TO NOTIFIED OR ITERIOINE TRYSICIAN: The law requires that the death certificate be executed within 24 harmfirer death. Page 4 may be reful by the haspital or attending physician.

TO FUNERAL MECTOR: After this certificate has been signed by the attending physician and campletely filled in the functal director, page 3 shauld be detached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remanal, and in any event within 72 haurs offer death. VS A15 (4) 15M 9/55



9981 50 100



10562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY **b.** COUNTY Prince Geer MARYLAND b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrett town) and give nearest town) Laure d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2 North 2nd. Street 2 North Ind YES NO 3. NAME OF First Middle 4. DATE Day Year DECEASED (Type or print) DEATH Charles 1956 10 6. COLOR OR RACE 7- MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE Ith years IF UNDER TYPAR IF UNDER 24 HRS. lest birthday) Months Mela white WIDOWED [7] DIVORCED | 68 June 1888 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHTLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond pe Retired Quarterman U.S.NEVY U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1 Lawrence Elli: Sarah Eurler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: cute congestive heart failure IMMEDIATE CAUSE (a) alang with for burial-transit DUE TO Sardievascular renal disease Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. O PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO. 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while the p. m. at work at work p. m. 21. 1 certify that I took charge of the remains described above, held on Autopsy ... Inspection , Inquiry and find that death resulted from: Notural couses M. Accident , Suicide . Undetermined couse Homicide . the CI DIRE ACTUAL CHARLE STAC CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER! cute the John T. Maleney, MAD. Oet. 10, 1956 DEPUTY MEDICAL EXAMINER NAME (Type) 220 BUR AL CREMATION, 1225, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tolvin, or county) (State) REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	19563	CERTIFIC	ATE OF DEA	TH	Reg. Dist	. No.
1 PL/ o. (CE OF DEATH . DEORGE	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived.	If institution: Residence	e before odmistion)
√ b.	TTY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and gi	ve nearest lown)
d.	NAME OF HOSPITAL (If not in hospital, live street DR-INSTITUTION	Hen, Hosp	d. STREET ADDRE	Amku	at Ro	e. IS RESIDENCE ON A FARM? YES NO
DE	ME OF CEASED A POPA	Phiddle	FABE	4. DATE OF DEATH	Month Cect.	Day Year 3 195
\$ SE)	6. COLOR OR RACE 7. MARS	HED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 3 - 8-	79 9. AGI	A ALL A B	YEAR IF UNDER 24 HRS Days Hours Min.
d	SUAL OCCUPATION (Give kind of work done 10b. uring most of working if even if retired)	2m Heme	ISTRY 11. BIRTHPLACE (S	itate or foreign country)	12. Clts	S A
13. FA	HER'S NAME & Parker	port de la companya del companya de la companya del companya de la	14 MOTHER'S MAID	EN NAME	_	
15. W (Yes, n	AS DECEASED EVER IN U. S. ARMED FORCES? (If dyest-give vior or dotes of service)	SOCIAL SECURITY NO. 17.	Lospite.	Kerr	Address	et, Ind
18	IMMEDIATE CAUSE (o)	ne for (o). (b). and (c).]	· blade	ich per-	at 1	INTERVAL BETWEEN ONSET AND DEATH
	Onditions, if any, which (b)	enetosta	us Ri,	rection	1	
	ouse (a), stating the <u>under.</u> DUE TO ying couse lost. (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PART	I(o) 19 WAS AUTOPSY PERFORMED? YES NO
CERI	6. ACCIDENT WAS UNDERLYING 7 20b. DES R CONTRIBUTING 7 CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injur	y in Port t or Port II of i	lem 18.)	
MEDICAL	c. TIME OF INJURY Month, Day, Year 20d II Hour a. jr. White p. m. 19 of wor	Not while fo	ACE OF INJURY (Home, ictory, street, office bldg.	form, 20f. (City or tow etc.)	n) (Co	ounty) (Stote)
	I. I certify that I ottended the deceas	-1-				ost sow the deceosed
	CTUAL CONTRACTOR FROM	- nd mor dean	M.D. 47	ADDRESS (Street, ci		PATE SIGNED
P	TYSICIAN'S LL LIE	TIENNE	(L	elige j	Ers, Mj.	1 10/3/5
R	URIAL, CREMATION, 22b. DATE THEREOF 10/5/56	Arlington		1/	ton Virgin	(Stote)
23. Ft	NERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRAR	PAL REGISTRAR'S SIGN	

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours offer again. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours? TO HOSPITAL

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VS A1\$ (4) 15M 9/55



DATE

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signed

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10604 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10563

Reg. Dist. No.

- 1		
	a. COUNTY AU	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
	Villice Gler Gogianviano	D, C
χ	b. CITY OR TOWN If outside corporate timits, write RMRAL ond preg recovers hown)	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)
7.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address)	d. STREET ADDRESS A STREET ADDRESS DENCE
~	In a worked even	5092 Just Street YES NO D
	3. NAME OF PECEASED G First O Middle	A Last 4. DATE Month Day Year
	(Type or print) Edward along.	telder DEATH Out 31 1956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D	ATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. In June 1997) Months Days Hours Min.
	Male Cale y WIDOWED DIVORCED DI C	L(C16, 1716 H.B yr.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking hite, even if retired)	11. BIRTH FACE (Stote or foreign county) 12. CITIZEN OF WHAT COUNTRY?
	Cat Uriver Transportation	+ Vergenia 12. J-Q
	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	There milchell
	(Yas. no. or unknown) [If yas, give war or date-of-struce)	TIP 500618 Just to
	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).	JINTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	One IMMEDIATE CAUSE (a)	
	Conditions, if any, which) the acute Coule	he man of of thorself
	gave rise to immediate couse	n respectively
	(a), staling the underlying DUE TO	V /
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
2	\[\begin{align*} ali	PERFORMED? YES NO
ı	200. EXTERNAL CAUSE WAS PRIMARY I OF CONTRIBUTING I CAUSE OF DEATH.	or nature of injury in Part 1 or Part 1Lof item 18.)
		exhaust with lar and let water
	S 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20 PLACE factory Hour a.m. P. m. 1 219 7 at work to twork to twork to twork to twork to twork to twork to two two two two two two two two two	OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
1	Hour a.m. G-13:195C at work at white factory	less desta huntsville Ity Wa
	21. I certify that I took charge of the remains described above	
1	death resulted fram: Natural causes . Accident . Suicident . Suicident .	de M, Hamicide (), Undetermined cause ().
	ACTUAL D	DATE SIGNED
	SIGNATURE A STATE OF THE STATE	A.D. CHIEF MEDICAL EXAMINER
*	EXAMINETS SAMES I. BAVE	DEPUTY MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
	220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CR	EMATORY 22d. LOCATION (City, tawn, or county) (State)
ļ	Buriel 11-6-1956 Arlington Nati	onal Arlingtin, Wir inia
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (CLB) . D	. C . 240. REC'D BY REGISTRAR 24b. REGISTBAR'S SIGNATURE
	LALV d. & SCHEY, Inc. 194 "R" at., N. 6	· DATE YOV 8 '56 Wheaveh

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1	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	10605 CERTIFICATE OF DEATH Reg. Dist. No. 117004
h. Page A	1. PLACE OF DEATH a. COUNTY PRINCE GRORGES MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY PRINCE GRORGES MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY PRINCE GRORGES MARYLAND 5 COUNTY C. LENGTH OF STAY IN 1b C. CITY OR FOWN (If outside corporate limits, write RURAL and give negrest 1996)
funer deat	b. CITY OR TOWN (If autside corporate limits, write a LENGTH OF STAY IN 16 C. CITY OR COWN (If autside corporate limits, write RURAL and give nearest town)
by Shar	d NAME OF HOSPITAL (if not in hospital, give street oddress) OR HISTITUTION OR HISTITUTION OR A FARM? YES NO BY
24 ho	3. NAME OF DECEASED (Type or print) CORD DOY Year OF DEATH ACTION 20 10.5%
d within letely fi s. Roge	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Ferral Windows Divorced Sand, 1867 9 Ade (In years IF UNDER I YEAR IF UNDER 24 HRS. Windows Divorced Sand, 1867 9 yrs. Wanths Days Hours Min
executed comp of comp of comp deoth.	10a. USUAL OCCUPATION (Give kind of work done 16b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pownee Nebrocka
ote be	Form Charles Dort ada Pattyson
ng phys	15 WARDECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (16 yes, give wor or doles of service) 16 WARDECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Address Address (16 yes, give wor or doles of service) 18 WARDECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Address Address (16 yes, give wor or doles of service)
death	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. INMEDIATE CAUSE (o) PROSPECTATION ONSET AND DEATH Consett and Death
hat the by the c. Then	201 DUETO S D. T.
signed Bright in any	Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. (b) Curdan which Conon any Heart Syland Sylan
physicial as been as been and income and	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?
IAN: The ending ficate has burnered for rem	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.)
PHYSIC all or off his certi use as emotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ri. Positive Part Pa
VDING s haspite t After t ched for urial, cr	21. I certify that I attended the deceased fram. who 1953, to 1953, to 1954 that I last saw the deceased alive on 1953, 1955, and that leath accurred at 123 M, from the causes and on the date stated above
or to bu	ACTUAL SIGNATURE William Branco M.D. 6127 Central Are Better Cober
retor RAL MR Should I	PHYSICIAN'S WM. BKAININ Capital Hala mil
HOSP moy be FUNE FUNE he regis	220. BURIAL, CREMATION, 226. DATE THEREOF 220, NAME OF CEMETERY OF CREMATORY 22d 19CATION (City, town, or county) (State) REMOVAL (Special Mov 2, 1956 Town 19 City Com
VS A15 (4)	23. FUNERAL DIRECTOR'S MOMENTURE ADDRESS / AD
13M 7/33	July July Carrie Campully

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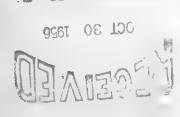
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ssary, p Page 4 burial,		-	t	. CITY OR TOWN (# 6		URAL C.		****		The Charles of	porote lim				Ra_
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2 P	1		~	NAME OF HOSPITAL	OBJINSTITUTION (IF I	not in hospital,		-	d. STREET ADDRESS	-			-	e. IS RESID	ENCE
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ony delo 'uneral d r your fi registrar	71	"Y .]	3.	NAME OF DECEASED	First		Middle		Lost	4. DATE		Month	-	Day Year	
une yo			_	Type or print)	Archie	Me	donsa	Fo	rtado	DEATH		10	2.4	1 19	56
F f f			5. 9	EX	6. COLOR OR RACE 7.	MARRIED 2	NEVER MARRIED] 8.	DATE OF BIRTH			at and	UNDER TY	EAR IF UNDER 2	4 HRS.
ined ined				Male	THE LITTLE LITTL		DIVORCED 🗍				69	179	anths Da	ys Hours Mi	n.
ded de		,	10a	. USUAL OCCUPATION uring most of working	(Give kind of work don life, even if retired)	10b. KIND	OF BUSINESS OR IND	USTR	Y 11. BIRTHPLACE (State	e or foreign o	country)		12. CITIZE	OF WHAT COL	JNTRY?
fer on the bear					man Ret.	Wash	. Navy Y	ar			e, I	11.	U.S	.A.	
2 6 2	-		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
d hour ages 1	E '									own					
22 P 99 9			₹5. [Yes,	MAS DECEASED EVER	IN U, S. ARMED FORCE f yes, give wor or dotes of serv	ES? 16. SQCI	AL SECURITY NO. 17					Address			
Size Size		4	-					G	ladys A.	Forta	do	Same	9 8.5	above	
P. S. William														INTERVAL BETWEEN ONSET AND DEATH	
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ifficate ding: s Offic sed os		0	CATION			IONS CONTRI	BUTING TO DEATH BL	T NO	DT RELATED TO THE TERM	IINAL DISEAS	E CONDIT	ION GIVEN	IN PART 1(PERFORME	DAZ
d "pen ominer				20a. EXTERNAL CAUSI PRIMARY OF CONT CAUSE OF DEATH.	RIBUTING []	DESCRIBE HO	W INJURY OCCURRED	. (En	ter nature of injury in Pa	rt I or Part II	of item 18	-)			
the wallicol Ex			MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While	Not while	LACI actar	OF INJURY (Home, formy, street, affice bldg., etc.	n, 20f. (City	y ar lown)		(Caunty) (\$	tate)
AM ing Med				21. I certify tha	t I took charge o	f the remo	ins described a	bov	e, held an Autops	y 🗍 . II	nspectio	n TXL	nouiry	X and fine	Lhat
AL EX Chief Chief TOR:							_			-					* *******
ote to the DIRECT	,			ACTUAL SIGNATURE	hn J.90	Male	nen		M.D. CHIEF MEDICAL E	XAMINER				DATE SIGN	ED
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VS. A15ME(5	i)]	-	23.	UNERAL DIRECTOR'S	SIGNATURE	2/	AUDRESS MLT	Ra	unice 24a, REC	D BY REGIST	RAR - 24	b. REGISTRA	. ~/		
SM 9/55		į	1	alleys J	unital/	40ye		•	M & SOATE	*	110	Luci	e De	undo le	7
						Sni	~C;								1



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		10607		CERTI	FICAT	E OF DEAT	Н		Reg. Dis		5008
١.	PLACE OF DEATH	ince George	1 ₈	MARY	- 11	USUAL RESIDENCE (W		l lived. If instituted b. COUNTY	Pr. G	e before	odmissian)
	b. CITY OR TOWN (I RURAL and give no Clinton		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor	rate limits, write R	URAL ond g	ive neare	st town)
	d. NAME OF HOSPIT OR INSTITUTION	Al. (If not in hospital, g	give street :	oddress)		d. STREET ADDRESS				€.	IS RESIDENCE ON A FARM? YES A NO
3.	NAME OF DECEASED (Type or print)	MYRTLE Fit	rst	Middle M.	FO	Lost VLER	4. DATE OF DEATH	Oct. 5tl		Day	Year 19: 56
5.	SEX Female	6. COLOR OR RACE	7. MARR	DIVORCED		ATE OF BIRTH Jan. 1897		9 AGE (in years lost birthday) 50 yrs	7		Hours Min.
10	during most of wor Housewife	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTRY	Maryl and	e ar foreign ca	ountry)	I2. CITE	USA	WHAT COUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN					
_	John R.	R IN U. S. ARMED FOR	0000 110		120 0000	Nettie	hangle				
		(If yes, give wor or dates of s		SOCIAL SECURITY NO.		Estelle Ri	chards	(Clinto		ryle	nd)
MEDICAL CERTIFICATION	PART I. DEA Conditions, if o gove rise to i case (o), stoting lying cause lost. PART II. OTI 20a. ACCIDENT W/O OR CONTRIBUTING (IF EITHER, NOTIFY	THER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; We Month, Doy, Ye	20b. DESC	CRIBE HOW INJURY OF	901 VIII BUT NO CCURRED. (6	T RELATED TO THE TERM	Port I ar Parl	II of item 18.)		5 1(a) 19.	VAL BETWEEN I AND DEATH I AND
	21. I certify the clive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the	decease 125	ed from	death od	coursed at //	M, from ADDRESS (Sh		and an the state)		the deceased stated above. DATE SIGNED (Stote)
23	REMOVAL (Specify) Burial FUNERAL DIRECTOR		56	Oedar Hil	1 Cem			land, Ma			
	inner	& Broth	en1	561- Good H	lope R	d. SE DATE	` 1	3.2	211.	, , ,	ga de la companya della companya della companya de la companya della companya del

Washington, D.C.

TO HOSPITAL VS A15 (4) 15M 9/5S

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MARYLAND ST	ATE DEPARTMEN	NT OF HEALTH-BA	LTIMORE, 18
1060 MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH

1(57() Reg. Dist. No.

				11					I as a h		
I. PLACE OF DEATH	ulman Oneman		80 7 7500	100	2. USUAL RESIDE				0.116.004	_	fore admission) Georges
	rince Georges f outside corporate limits, write thi		MARYLI LENGTH OF STAY IN		1		Land		r		- 6
and give nearest town	n)			10	c. CITY OR TO					and give n	ediet tawn)
	niversity Hil		5 Years				ersi	ty Hill	.#:		1 42 05510514
	FAL OR INSTITUTION (IF IT				d. STREET ADD		04	· P · · · · · · · ·	A		o. IS RESIDENCE
	119 Stanford	Stree				<u> </u>		nford S			YES NO
3. NAME OF DECEASED	First		Middle		& Lost		4. DATE OF		Month	Day	1.0
(Type or print)	Caroline		Bell		intner		DEATH		oper	14	19 56
S. SEX	6. COLOR OR RACE 7.				DATE OF BIRTH	380	10	9. AGE (In you			Hours Min.
Female		IDOWED [Oct. 26,			05	yrı.		
during most of warking	ON (Give kind of wark dan ng life, even if retired) 	e IQO. KINL	OF BUSINESS OK IN	IDŲ\$TK1	Virgi		of foreign	country)	12, 0		F WHAT COUNT
****	# Hosea	- Ro	gers		14. MOTHER'S MA	IDEN N.	AME	11115	Kane	1/3.	4.7.
	ER IN U. S. ARMED FORCE		CIAL SECURITY NO.	17. INF	ORMANT	0,		Ac	źdress	7-1-1	4.2/
(Yes, no, or unknown)	(If yet, give wor or dates of servi	(CE)		Ge	orga Ea	3.46n+	nen	eamo	addre	***	
18. CAUSE OF DEA	TH [Enter only one couse	per line for	(a), (b), and (c).]			2,3,1110	anua g	a. Calance		INTE	EVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	6			Catanana	Incom	- comple	200		ONSI	ET AND DEATH
	IMMEDIATE CAUSE (a)	-	ntaneous i ebrovascul				(ADIGIN	T. a			
Conditions, if o	DUE TO	Cer	EDLOASSCHT	erf.	rectosur						
gove rise to Imme	diote couse										
(o), stating the											
	J (c) HER SIGNIFICANT CONDIT	IONS CONT	RIBILTING TO DEATH	RUT NO	T PELATED TO THE	TERMIN	VALDISEA	SE CONDITIO	N G VEN IN E	APT I(n) I	D WAS AUTORS
<u> </u>					THEOREM TO THE	- PERMIN				, ,	PERFORMED?
20g. EXTERNAL CAPRIMARY Gr CO	NTRIBUTING [DESCRIBE HO	OW INJURY OCCURRI	ED. (Enl	er nature of injury	in Part	l ar Part l	l af item 18.)			
20c. TIME OF INJU	RY Month, Day, Year			PLACE	OF INJURY (Ham	e, form,	20f. (Ci	ly or lown)	(County)	(State
Hour a, m, p, m,	19	White at work	Not while at work	rociar	y, street, office bld	år* excil					
21. I certify the	hat I taak charge a	f the rem	rains described	abavı	e, held on Au	Jta psy		Inspection	fat. Inc	uiry 📰	and find th
	l fram: Natural ca									-	
	1	/)								
ACTUAL SIGNATURE	ohm J. V	Val	pres-	-	M.D. CHIEF MEDI	CAL EXA	AMINER []			DATE SIGNED
		<u> </u>	1		ASSISTANT	MEDICA	L EXAMIN	ER [
EXAMINER'S NAME (Type)	John T. Mal	mey.	M.D.		DEPUTY ME	DIÇAL E	XAMINER	De Oct	ober 1	4, 19	956
Za. BURIAL, CREMATIC	ON, 226. DATE THEREOF		. NAME OF CEMETER	Y OR C	REMATORY		22d. LOC	ATION (City, N			(State)
REMOVAL (Specify)	Oct. 1'	7.195	6 Georg	e W	ash. Ce	em .	Hv	attsvi	lle.	Md.	
3. FUNERAL DIRECTOR		4812	Anness	. Av		REC'D	BY REGIS	TRAR 24b.	REGISTRAR'S	SIGNATUI	RE
Deal Fund	eral Home	4012	Was	h.	B: N: 24	APET	18 5	6 VER	Hear	L f	

VS. A15ME(S) \ SM 9/5S

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ANEDI CC CC CC CC CC CC CC CC CC CC CC CC CC	
TO DEPUTY MIDICAL BLANTRER: This certificate should be executed within 14 Bours ofter death. If any delay is Processory, please executed within 14 Bours ofter death. If any delay is Processory, please execute the content of content of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be used as a buriol-transit permit. File pages 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the realistrer prior to buriol, crematic	movo
cute forw	or removo
VS. ATSME	

5M 9/55

1		MARYL	AND S	TATE DEPAR	TME	NT OF HEALTI	H-BAL	TIMORE,	18	10572
		1061 ME	DICA	L EXAMIN	ER'S	CERTIFICAT	TE OF	DEATH	Reg. Dist.	No. 242
1	PLACE OF DEATH	ince G _e orge'		MARY		2. USUAL RESIDENCE (MO. STATE Mary	/here decease	d lived. If imititu	tion: Residence	
		dispuis de corporate limits, write Teasant	RURAL	c. LENGTH OF STAY I	N 16	seat Plea		orote limits, write	RURAL and gi	ive nearest town)
1)		ital or institution (pital, give street address	}	d. STREET ADDRESS 73rd Str	reet I	Extended		o. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Georg		Lee		Glass	4. DATE OF DEATH	October	. 6	Pay Year 19 56
5	Male Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED		June 17, 18		9. AGE (In years lost winds) Yrs.	Months Do	
1	oa. USUAL OCCUPA during most of work Plaster	ting life, even it retired)		onstruction	NDUSTI	Virgini		iuntry)		S. A.
1	3. FATHER'S NAME Char]	es Edward G	lass			14. MOTHER'S MAIDEN N	gran.	IRA GLA	25	
	5. WAS DECEASED I Yes, no, or unknown) NO	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.		rozmant ncy Virginia	Cox.	Address Same as	# 1	
	Conditions, if gove rise to imm (a), stoling the course lost.	ony, which tol	Card	e congestiv		meart failure				
No.	PART H. O	THER SIGNIFICANT CON	DITIONS CO	NTR BUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	NALDISEASE	CONDITION GIV	EN IN PART 1	(d) 19 WAS AUTOPSY PERFORMED? YES NO 13
_	. 1	ONTRIBUTING TO L	b. DESCRIBE	HOW INJURY OCCUR	RED. (Er	nter noture of injury in Port	l or Port It o	of item 18.)		
4 00000	20c. TIME OF INJ Hour o. tr		20d, ft While of was	Not while	PLAC facto	E OF INJURY (Home, form ry, street, office bidg., etc.)	20f. (City	or town)	(County	y) (State)
		that I took charge d from: Natural				ve, held an Autapsy ide [], Homicide	_	spection 🔼, determined c	'	And find the
	ACTUAL SIGNATURE EXAMINER'S	unel	W	Joych	_	_M.D. CHIEF MEDICAL EX	_	_		DATE SIGNED
	NAME (Type)	James I. Be		· · · · · · · · · · · · · · · · · · ·		DEPUTY MEDICAL E			tober	6, 1956
12	20. BURIAL GREMAT	ION, 226. DATE THEREO	-	22c. NAME OF CEMETE	PV /\D (DELLATORY A	224 LOCATI	COAL PERSON LINES OF		
	RONOVAL (Specification) 3. FUNERAL DIRECTO		56	MOSh.		(210 s	Del	utta	TRAR'S SIGNA	Stell!

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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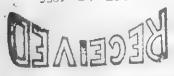
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VS A15 (4) 15M 9/55 I

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18

0569	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 10578

1.	PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Where of	eceased lived. If institution Residence	e before admission)			
	Prince George	MARYLAND	o. STATE Maryland	i b county Princ	George			
Γ	b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and gr	ve nearest town)			
	C heverly	13 days	Capitol	Veiw				
	d. NAME OF HOSPITAL (If not in hospital, give street of NSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Prince George Genera	ul Hosrital	157 Colum	bia Ave	YES NO DE			
3.	NAME OF First DECEASED	Middle		DATE Month	Day Year			
	(Type or print) Louise		Henry	DEATH Oct.	17 1956			
5.	SEX 6 COLOR OR RACE 7. MARR	IED MEVER MARRIED	B DATE OF BIRTH	face bringhillary	YEAR IF UNDER 24 HRS.			
	Female Black WIDOWE		7-26-1919	37 yrs.	Days Hours Min			
100	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	TRY 11 BIRTHPLACE (State or fo	reign country) 12. CITIZ	ZEN OF WHAT COUNTRY			
L	Counter Girl	tospital	North C	unolina	d.S. A.			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME					
	MAINOR HINES		Duisy	Hines				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 II	HORMANT	Address	Capital			
L	NO	\V)	9134 Hines	157 Columbia v	que Vicum			
	18. CAUSE OF DEATH [Enter only one cause per lin	e far (a), (b), and (c).]			INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
581.0 DUE TO DUE TO								
	Conditions, if any, which	ASAACA			1 month			
	gave rise to immediate	_	DII		1/1			
	lying cause lost.							
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART							
18	· ·				PERFORMED? YES TO NO			
H	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	TRIBE HOW INJURY OCCURRE). (Enter nature of injury in Part I	or Part II of item 18.)				
L CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL			ICE OF INJURY (Home, form, 20 tary, street, affice bldg., etc.)	f. (City or town) (Co	ounty) (Stote)			
ME SE	Hour a. n. p. m. 19 While at work	TAME AND A	fory, tireal, office blog., elc.)					
	21. I certify that I attended the decease	ed from	19 to	10 that I la	et courthe deservat			
	alive an19			, fram the causes and an the				
		- O		ESS (Street, city or town, state)	DATE SIGNED			
П	SIGNATURE CONTROL TO	Timie C.	10.4506 Callago	and Englander	July 1 10/19/5			
	factor 1							
	PHYSICIAN'S C. LOUIS M	ENDEL MU	D					
220	GURIAL CREMATION, ZZb. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d	LQCATION (City, fown, or county)	(Stole)			
	REMOVAL (Specify) 10-22-56	Woodla	un 1.	Jemina Rd	2 KG.C.			
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ > /) 240. REC'D BY	REGISTRAR 245 REGISTRAR'S SIGN	NATURE			
1	Jenry X. (1) ashurter	467 N SI	P hW DATEOUT 2	2 '56 124	P			
	/ ***		1	7 17 200000	<u> </u>			

BUREAU V. S.

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VS. ATSME(5) 5M 9/55

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106 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased liv	ved. If Institut	ioni Residence bi	rfore admission)	
		nce Georges		MARYLAND	a. STATE Mary	land	b. COUNTY	Pr. G	80.	
	b. CITY OR TOWN (If and give nearest fown)	outside corporate limits, write RUI	LAL C. LENGTH	OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporals	e limits, write f	RURAL and give	nearest town)	
		tage City				Cottage	City			
-	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospital, give stre	et address)	d. STREET ADDRESS				e, IS RESIDENCE	
		kwood_Street			380	5 Parkwo	od Stre	et	YES NO	
	NAME OF DECEASED	First		Aiddle	Last	4. DATE OF	Month	Day	Year	
	(Type or print)	Charles	Harvey		lickey		October		19 56	
5.	SEX	6 COLOR OR RACE 7.	MARRIED NEVER	MARRIED B.	DATE OF BIRTH	9. Al	GE (In years	Months Days		15.
	Male	White W	DOWED DIV	ORCED	5-10-1889	6'	birthday) 7 yrs,	Months Days	Hours Min.	
10c	during most of workin	ON (Give kind of work done g life, even if ret red) oiler maker	106. KIND OF BUSIN	NESS OR INDUST	TOWER	or foreign country	y)		SA.	RY?
13.	FATHER'S NAME	TOTAL INCIDE	1100.02116		14. MOTHER'S MAIDEN I	JAME				_
	Edgar F	lickey			Alice	?				
15 IYa	WAS DECEASED EVE	R IN U.S. ARMED FORCES	16 SOCIAL SECUE	RITY NO. 17, IN	IFORMANT		Address			
,	,	no	~,		Grace Hicke	y, Same	address	1		
	PART I. DEAT	H [Enter only one cause p H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO 17. which) (b)	Acute con	gestive	heart failu	re		ONS	RVAL BETWEEN ET AND DEATH	
	gove rise to immed (o), stating the u couse last.	iale couse								
CERT, FICATION	PART II, OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	NALDISEASE CON	NDITION GIVE	N IN PART 1(a)	PERFORMED?	
	20g. EXTERNAL CAU PRIMARY OF OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING [] 206. D	ESCRIBE HOW INJURY	Y OCCURRED (E	nter nature of injury in Por	t I or Part II of ite	im 18.)			
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Year	20d. INJURY OCCUI While Not wh at work at work	ile facto	E OF INJURY (Home, fam ry, street, office bldg , etc.		own)	(Caunty)	(Slate)	
	21. I certify th	ot I took charge of	the remoins de	scribed obov	re, held on Autops	y 🔲, Inspe	ction 🔼,	Inquiry 🏗	, and find th	iot
	deoth resulted	from: Natural cou	ses 📆 Accide	int 🔲, Suid	ide 🔲, Homicide	, Undet	ermined co	ouse 🔲.		
	ACTUAL SIGNATURE	hnd. M	alones		_M.D. CHIEF MEDICAL EX	_			DATE SIGNED	
	EXAMINER'S NAME (Type)	John T. Mal	oney M.D.		ASSISTANT MEDICAL		Octob	er 14,	1956	,
Ľ	BUR AL CREMATION	N, 22b. DATE THEREOF	16 FOR	CEMEJERY OR	eth,	Colmi	(City, town, or	nano,	(State)	7
23.	EUMERAL DIRECTOR'S	Le sous	Typello	nlk	MA 240. REC	D BY REGISTRAR	24b. REGIST	RAR'S SIGNATU	educh	

BUREAU V. S. 9951 ~ ...

Accident

ADDRESS

wash. J.C

1432 You St. NW

death resulted fram: Natural causes

220, BURIAL, CREMATION, 1226, DATE THEREO

W.Ernest Jarvis Co

23. FUNERAL DIRECTOR'S SIGNATURE Gazvir

James I. Boyd. M.D.

SIGNATURE

NAME (Type)

e. IS RES.DENCE ON A FARMA

19

IF UNDER 24 HRS.

Reg. Dist. No.

Day

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

1231 D. Street, N.E. Washington, D.C. (Wife) INTERVAL BETWEEN CINSET AND DEATH NO F (County) (Slote) 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and find that Suicide | | Hamicide , Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 10/6/56 DEPUTY MEDICAL EXAMINER KI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Arlington Nat. Cemetery Fort Myer Va. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) SM 9/55

DEPUTY

OCT 15 1956

BUREAU V. S.

may be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10581

10613 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY Pring	ce Georges!	MARYLAND	2. USUAL RESIDENCE (W		lived If instituti b. COUNTY	on. Residence be	
b. CITY OR TOWN UE or	state corporate limits, write st town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporo	te limits, write R	URAL ond give	
d NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street		d. STREET ADDRESS Croom State				e. IS PESIDENCE ON A FARM? YES X NO
3 NAME OF DECEASED (Type or print)	har joro	t Johns	Hill	4. DATE OF DEATH	Mon O (Day Year
S. SEX 6. Female	COLOR OR RACE 7. MAR		B. DATE OF BIRTH May 27, 18	372	AGE [In years lost bir[hday]	Months Day	AR IF UNDER 24 HRS. s Hours Min.
100. USUAL OCCUPATION during most of working Housekeep:	life, even if refired}	KIND OF BUSINESS OR INDUS	Hary 1 an		ntry)		S. A.
N3. FATHER'S NAME WILLIAM IS	sese Hill		14. MOTHER'S MAIDEN		sseer		
15 WAS DECEASED EVER IN	N. U. S. ARMED FORCES? 16		NFORMANT 11iam S. Fi	Lll	Upper	Merlho	ore, Md.
Conditions, if any, gove rise to imm couse (o), stoting the lying cause lost.	DUE TO (c) SIGNIFICANT CONDITIONS UNDERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Day, Year 29d.	CONTRIBUTING TO DEATH BANGERIBE HOW INJURY OCCURRED TO PLEASE OF THE PORT OF T	NOT RELATED TO THE TERM CENTER TO THE TERM CENTER TO THE TERM CENTER TO THE TERM CONTROL	Port I or Port I	1 of item 18.)	EN IN PART I(o)	YES NO
21. I certify that alive on OC	James G. Sa	Jancer	occurred at 1100 M.D. Upper Ma	A.M., from ADDRESS (Sire		and on the c	saw the deceased date stated above. DATE SIGNED
220. BURIAL CREMATION, REMOVAL (Specify)	226. DATE THEREOF 10/18/56	Trinity Co	r crematory		on (City, town, or liarl)		(State) Haryland
23. FUNERAL DIRECTOR'S S Ritchie Li	·	ADDRESS per Marlboro	7876 No. 1844 P	D BY REGISTRA	AR 24b. REGIS	TRAR'S MIGNAT	edrick.

BUREAU V. A.

9961 61 100

BECEINED

1. PLACE OF DEATH a. COUNTY MARYLAND Death C. CITY OR TOWN (If outside corporate limits, write) B. CITY OR TOWN (If outside corporate limits, write) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. MAME OF HOGARAT (If set in hospitol, give street oddress) OB. NAME OF DECEASED (If years) OB. OLITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) OB. NAME OF DECEASED (If years) OB. DATE O
a. COUNTY B. CITY OR TOWN (If outside corporate limits, write) B. CITY OR TOWN (If outside corporate limits, write) C. LENGTH OF STAY IN Ib C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. M. Verdale d. NAME OF HOSPIKAL (If eat in hospital, give street address) OR INSTITUTION J. OATE ON A FARM? YES ON AND OF DECEASED (Type or print) SEX G. COLOR OR RACE T MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOTE SEX G. COLOR OR RACE T MARRIED NOTE N
RURAL and give nearest lown) Chiver 1 d. NAME OF HOSAKAY (If not in hospital, give street address) OR HOSTILUTION OR HOSAKAY (If not in hospital, give street address) OR HOSTILUTION OR HOSAKAY (If not in hospital, give street address) OR HOSTILUTION OR HOSAKAY (If not in hospital, give street address) OR HOSTILUTION OR HOSAKAY (If not in hospital, give street address) OR HOSAKAY (If not in hospital, give street
3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE MARRIED NEVER
DECEASED (Type or print) May Gay et Constitute Hooke Death SEX 6. COLOR OR RACE MARRIED NEVER MAR
5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. lost birthdgy) Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
The series At forme N.7. 4.5.4.
13. FATHER NAME 14. MOTHER'S MAIDEN NAME OF THE COMPANY OF
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. DIFORMANT HOLD K. HTOHER-5424-539 R. RIVERAN
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEATH ONSET AND DEATH Luko
DUE TO DUE TO
gove rise to immediate cause (a), staling the under DUE TO
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Solve the state of the
21. I certify that attended the deceased from 9/1-9, 1956, to 6/1/, 1956, that I last saw the deceased
alive on 2019 12, 19, and that death occurred at 2019 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL ACTUAL ACTUAL
SIGNATURE SECURITY FYMANIE M.D. 10 CARRELLE FILL OF M.D. 100 Mr. 1
NAME (Type) 270, BUBBAL CREATION 225, DATE THEREOE 270, NAME OF CHATTER OF CREATION 225, DATE THEREOE
23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE
15M 9755 W. W. Chambers Co 580/ Clave CVZ/ DATE OF 15 56 Col. J. educa

CON SHOE

HERELLE HE CHARE CHARLES CHARL

BUREAU V. S.

9961 91 100



ECENTER IN THE PROPERTY INC. IN SECTION IN THE WARRENT WASHINGTON

	ond 2 should be filled with	(
	iding physician and camplerery rilled tose remove carban popers. Pages 1	nin 72 bours after death.	
nding physician.	care has been signed by the other he burial-transit permit. Then ple	or removal, and in any event with	
may be to by the hospital or attending physician.	DEFINITION OF THE PROPERTY OF	the registrar prior to burial, crematian, or removal, and in any event within 72 boucs after death.	

is after death. Page 4

TR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h.

TO HOSPITAL moy be TO FUNER

_		1001			0. 0			Reg. Dist.	No.	
1.		ince George's	5 MARYLAN	- 11	o. STATE				before admiss	ran)
1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND D. CITY OR TOWN If outside corporate limits, write RURAL and give hearest form) BY CITY OR TOWN If outside corporate limits, write RURAL and BY CITY OR CI		RAL and give	nearest lowr	1)						
	H NAME OF HOSPIT	AL (If not in haspital, give str	eet address)			4th S	t			PARM?
	DECEASED					OF	Month O. f	, 2	_	Your 19 <i>56</i>
5. 5			3.7			5	lost birthday)		EAR IF UNDE	
100	. USUAL OCCUPATIO during most of work Retir	in (Give kind of work done) ing life, even if retired) ed	66. KIND OF BUSINESS OR IN	IDUSTI	North Ca	r foreign coursell rolina	intry) 3.		S A	COUNTRY
13.		l Houck				AME				
		If yes, give wor or dates of service)				$\mathbf{B_{r}}$				
ATION	Canditions, if ar gave rise to in cause (a), stating t lying cause last.	DUE TO Ty, which hamediate the under- (c)	nyocardia/	he	eart dise	638			7 4 6 6	ب <u>ح</u> .
	OR CONTRIBUTING (IF EITHER, NOTIFY : 20c. TIME OF INJURY Hour a. fs.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Year 20.	d. INJURY OCCURRED 20e	. PLAC	E OF INJURY (Home, form,	20f. (City e		(Cou		(State)
	ACTUAL SIGNATURE	June 1	956,, and that de	ath a	ccurred at/2/24	M, from	the couses on	nd on the	dote state	
220	NAME (Type) Z	ERNEST A				Zd LOCATIO	HING-7	ON.	D.C.	<u> </u>
Т	rempsh & rechi	tion 10/20/5		st						-/
	F. Gasch!		tsville, Mary	lar		PY REGISTR	AR 24b. REGIST	RAR'S SIGN	Beda	ecl.
-										- 77



BURLENU V &

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. N

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1. PLACE OF DEATH o. COUNTY	dana Goor		ALA BWI AAAD	2. USUAL RESIDENCE (WI	nere deceased lived	i. If institution: Resident b COUNTPrinc	ce before admir	· ·
	ince Geor		MARYLAND	Md.				0
RURAL ond give	(If outside corporate limine nearest town) AL Heights	fs, write c. LENGTI	H OF STAY IN 16	Canital			give nearest tow	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitat, ç	ive street address)		d. STREET ADDRESS	dysid?		ON	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	Francis	(Fra n	Middle k) M.	Jacoby	4. DATE OF DEATH	Month Oct.]	L7, 1956	Yeor
s. sex Male	6. COLOR OR RACE White	7. MARRIED NEV	VER MARRIED DIVORCED	B. DATE OF BIRTH July 9,188		E (In years IF UNDER Heirhday) yrs. Months	Days Hours	·
10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired			ISTRY 11. BIRTHPLACE (State	ar foreign country)	12. CI1	TIZEN OF WHA	T COUNTR
Retired		' Ma chi	nis t	Phila.	Pa.		U.S.	A.
13. FATHER'S NAME		•		14. MOTHER'S MAIDEN N				
Fran	ncis M. Ja	coby		La	ura C.	?		
	ER IN U.S. ARMED FOR	CES? 16. SOCIAL SEC	CURITY NO. 17.	INFORMANT		Address		
1. and such the descriptionals	lit yes, give wor or opies or s	eratel	F	lorence M.	Jacoby	6232 Shad	iyside	Ave
Canditians, if gove rise to cause (a), stoling lying cause last PART II. O' PART II. O' PART III.	immediate pthe under: ther significant con AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)	CARDI CARCI DIVIONS CONTRIBUTE 20b. DESCRIBE HOW	NOMA NG TO DEATH BU	PROST I NOT RELATED TO THE TERMI	ATE NAL DISEASE CON Port I or Port II of	item 18.)	YES T	DRMED?
20c, TIME OF INJU Hour o. n. p. m.	RY Month, Day, Ye	While Not wat work of work	rhile fo	ACE OF INJURY (Home, farm ctary, street, affice bldg, etc.		~n) (<	County)	(Stote
21. I certify to alive on Actual signature Physician's NAME (Type)	that, I attended the	gard as		1954. to 15 n occurred of 6:30 M.D. 7200-M	AM, from the poress (Street, of ARLBO		he date stat	
	226. DATE THEREO	1-1	E OF CEMETERY O	R CREMATORY	22d. LOCATION (City, fown, or souphly) adelphia	Pa. (Sto	te)
23. FUNERAL DIRECTO		ADDR	ESS	Ave. N. Z4g. REC'I	D BY REGISTRAR	24b. REGISTRAR'S SIG	SNATURE	11/

- 411.7 1.1.7

Total of the second of the sec

TO FUNER Feld by the haspital or attending physician. TO FUNER LONG THE HASPITAL CONTROLL STATE After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then pleass senowe carbon papers. Pages 1 and 2 should be filled with the registrar prior to marial, comparing or removal, and in any event with 72 have after death. deoth: Page 4 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10585 Rea. Dist. No

		10573		CERTIFICA	ATE OF DEATH	E	Reg. D	16585 Reg. Dist. No.			
1.	PLACE OF DEATH o. COUNTY Pri	nre Caorge		MARYLAND	2. USUAL RESIDENCE (Who o. STATE	_	b. COUNTY				
	b. CITY OR TOWN (If a	outside corporate limits, w	rite c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate					
L	Cheverly			ays	Landover						
	d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospital, give s	treet address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
	Erince Ceo	rge General	Hosnital		Ardmore.			YES NO			
3.	NAME OF DECEASED	First		Middle	Lest	4. DATE OF	Month	Day Year			
-	(Type or print)	larry			nson	DEATH	ctober	27 19 56			
3.	SEX	6. COLOR OR RACE 7.	MARRIED NEV	ER MARRIED	8 DATE OF BIRTH	9, A	GE (In years IF UNDE Months	Doys Hours Min			
L	iale	3 4 4 4 4 4 7 7 7	DOWED 🔲	DIVORCED 🗍	12-13- 1902	[7]	yrs.	Doys Hours Min			
L	mainter	I (Give kind of work done of life, even if retired).	106. KIND OF BL	ruction	STRY 11. BIRTHPLACE (STOTE C	hu	y) 12 C	L. S. C.			
13,	FATHER'S NAME	, 0			14. MOTHER'S MAIDEN N	AME					
Ι.	Calvin	Lohnse	man .		Unkn	own					
15. (Y	WAS DECEASED EVER	HVU. S. ARMED FORCES? yes, give war ar dates of service)	76 SOCIAL SEC	0	NFORMANT Liola C. La	huran	Address J	lover mod			
	18. CAUSE OF DEATH	1 [Enter only one couse p	per line for (o), (b), ond (c).]				INTERVAL BETWEEN			
	PART 1. DEATH	WAS CAUSED BY:	l Dag	PORTOTAL CO.	Cirrhosis			ONSET AND DEATH			
	, ,	DUE TO		ENNEC'S	(111110010						
	Conditions, if ony		2 Con	22 (770	pafic)						
	gove rise to im-	mediate (2 (70)	Irt (. E	PH 1.0 /						
	couse (o), sloting the lying couse lost,	under DUE TO									
NOIT		R SIGNIFICANT CONDITION	ONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED?			
12								YES NO			
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING [] 20b. CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Port II o	f item 18.)				
13	20c. TIME OF INJURY		od. INJURY OCCL		ACE OF INJURY (Home, form,		own)	(County) (Stote)			
MEDICAL	Hour o. ft.		/hile Not wl I work □ ot worl	4116	ctory, street, office bldg., etc.)						
	21. I certify tha	t I attended the dec	eased from.	9-1	7 , 1956, 10	10-21	7., 19.5 Short I	last saw the deceases			
	alive on	10-27	12 5/c/ , a	nd that death	occurred at 10,20	M, from th	e causes and on	the date stated above			
	ACTUAL SIGNATURE	elber	P ///	MIL			city or town, state)	DATE SIGNER			
	PHYSICIAN'S NAME (Type)	LBER7	P	ATH	RIVE	RDAL	E M	ARYLAND			
22	o. BURIAL, CREMATION, REMOVAL (Specify)	18-31-56		Minoles	r GREMATORY Path.	22d. LOCATION	(City. Jown, or county)	Markeland			
23	FUNERAL DIRECTOR'S	SIGNATURE	ADDRE	SS /	24a. REC'D	BY REGISTRAR	24 REGISTRARYS	IGNATURE ;			
6	1.20.6	rambers	In. 51.	2-1/2	J. C. DATE	OCT 30 1	56	v. L. P			

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VS A15 (4)

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10614	CERTIFICATE OF DEATH	

10587

CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY Pr.	ince George	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE D. C. b. COUNTY												
b. CITY OR TOWN (I RURAL and give no	f outside carporate limi arest town)	s, write	c. LENGTH OF STA	4 IN 1P	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Glenn Da	Glenn Dale (RURAL) ll days						Washington 4-7x-3							
d. NAME OF HOSPIT	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION											e. IS RESI	DENCE	
	Glenn Dale Hospital							1417 - Delaware Ave., S.W. YES NOTE						
3. NAME OF DECEASED	Fin		Middl		Lost	4.	. DATE		Mont	ħ	Do		ear	
(Type or print)		liam	P.		Jones	5	OF DEATH	-	Octo	ber	19	7	9 56	
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARR	IED 🔲	B. DATE OF BIRTH			9. AGE (In	yeors	IF UNDER				
Male	Negro	WIDOWE			March 9,			last birth	yrs	Months	Doys	Hours	Min,	
100 USUAL OCCUPATION	N (Give kind of work of	ione 10b	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLACE	(State or	foreign co	untry)		12 CIT	IZEN O	F WHAT	COUNTRY?	
Cement we	rker		_		Flori	da					USA	1		
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAM	ME							
Wash Jon	es				Rose	e ?								
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	0, 17, 1	NFORMANT				Addre	ess				
no	in you, give was or delets or or		(can't fin	id)	Dece	edent	t							
18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (a), (b), and (c)-]								NTERVAL BETWEEN		
PART E DEA	TH WAS CAUSED BY:	, 1	Bronchogen	ic c	arcinoma o	f lef	ft. In	ทฮ				ONSET AND DEATH		
	MMEDIATE CAUSE (a) Bronchogenic carcinoma of left lung 6 months													
Conditions, if g	to which \													
gove rise to in	gove rise to immediate													
lying couse lost.	cause (o), stoting the under-													
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY													
A THE STATE OF THE				271171	NOT REDUIED TO THE	1 CKITCH AND	E DISEASE	COMPINO	N GIVE	IN IN FAK	1 1(0) 17	PERFO	RMED?	
200 ACCIDENT WA	S HINDERIVING (7)	20h DES/	TRIRE MOW INTIRV	>CC118801). (Enter noture of inju	on la Sant	l as Dank	It of term 1	D. S.			YES 📙	NO [A	
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. 000.	CRIDE FIGURE 4	DECORRE	z. (cines noters of time	ny ili ron	11017011	DOLLIGHT	0.)					
		w 2004 in	WURY OCCURRED	20a Pl	ACE OF INJURY (Home	form 1	206 (Ct)					-	484 4 4	
Hour a. jt.	to	While	_ Not white	foo	tory, street, office bldg	g , etc.)	20f. (City	or town)		(0	(ounty)		(Stote)	
		ot wor		1					-1-2		,	dista		
21. I certify th	at I attended the	decease			, 19 <u>56</u> to		t., 1		46	,that []	ast sa	w the	deceased	
alive an_Qctu	ober 19	12	56, and tha	t death	occurred at 1:0						ne dat	e state	d abave.	
		,	4	1		ADD	DRESS (Str	eet, city or	lown, s	iole)		DA	TE SIGNED	
ACTUAL SIGNATURE	Tacke	0/	1 Cours	KE	M.DG	lenn.	Dale	Hosp	ita.	1		10/1	9/56	
PHYSICIAN'S F:	rancis DeCo	ste												
220. BURIAL, CREMATION REMOVAL (Specify)	/	56	Woodle		Cometery		2.0	ION (City, to		county)	E. 1	(State	S	
23. FUNERAY DIRECTOR	S SIGNATURE	,	ADDRESS		N , 240	REC'D B	Y REGISTE	RAR 24b.	EGI51	TRAR'S SIG	NATUR	E		
Jakn o	out Fi	Me	vez 170.	2-12	MAT DAT	EID	11913	56		MI	R	M		
-11	wah to	E'			11-40									



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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WINES ?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Day

20

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO K

> > (Stote)

(State)

(County)

IF UNDER I YEAR IF UNDER 24 HRS.

7" S A

Months

ON A FARM

YES NO D

Year

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUBERU V. &

TO DEPUTY / PAICEL EXAMINER: This certificate shauld be executed within 21 hours after death. If any delay is ressary, please exercise to be propertied in the should be should be should be should be should be should be urial, cremation,

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8	ing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral dire	ir your files.	Ξ	
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The Examinator: This certificate by the Background within Am nours offer coorn. If any delay	0	ž	LLI.	
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		MARYLAN	ID S	TATE DEPART	ME	NT OF HEA	ALTH	-BA	LTIMORE,	18			· .
	1	0576 MEDI	CA	LEXAMINE	R'S	CERTIFIC	CAT	E OF	DEATH	Reg. Die		(05)	91
1.	LACE OF DEATH					2. USUAL RESIDER	NCE (W)	ere decea	sed lived. If instit			e admissio	ini
	COLINITY	ce Georges		MARYL	GMA	o. STATE Maryland b. COUNTY Prince Georges							
Ь	. CITY OR TOWN (IF a	outside corporate limits, write RUR	AL.	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	WN (If a	iutside cor	porate limits, write				0
	and give nearest town		P	alme	r Par	rk							
c	NAME OF HOSPITA	L OR INSTITUTION (If not		d STREET ADD	RESS				1	IS RESIL	DENCE		
	Prince Ge	lorge General	. Ho	spital				73	10 84th 1	ace		YES	
	VAME OF DECEASED Type or print)	Kenneth Kna	b	Middle		Last	1	DATE OF DEATH	Mont		Day 27	Year 19	56
5 . 5	EX	6. COLOR OR RACE 7.	MARRIES	NEVER MARRIED	A B.	DATE OF BIRTH			9. AGE (In years	IF UNDER 1		UNDER	-
	Male	440 4.4	DOWED			Nov. 2nd.	199	34	losi birtisday)	Manths [Days i	lours N	lin.
10a	USUAL OCCUPATION	(Give kind of work done life, even if retired)	10b. KI	ND OF BUSINESS OR IN	IDUSTR	RY 11. BIRTHPLACE	(State o	r foreign o		12. CITIZ	EN OF V	WHAT CO	UNTRY?
d	nuting most of working	Hie, even it retired)				Wash	ingt	on, I	D.G.		U.S.	.A2	
13.	FATHER'S NAME	· .				14. MOTHER'S MAI	DEN NA	WE					
	Geral	d Knab					C	ather	rine DeLa	cy			
		R IN U. S. ARMED FORCES		OCIAL SECURITY NO.	17. IN	FORMANT			Address				
		. Ind Sect and as demands where			Fat	ther: sam	e ad	drew					
	PART 1. DEATH 14-7/A Conditions, if on gove rise to immedial, stoling the un	ole couse	or line fo	Tokenia Bronchop	nev	nonia_		P Lat 9 E. 45			ONSET A	L BETWEEN	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(I) Cerebral palsy —— Congenital heart disease 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DISEASE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) CAUSE OF DEATH.									1	PERFORM	TOPSY ED?	
MEDICAL C	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Power of the Place of the												
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Notural couses Accident I. Suicide I., Hamicide I., Undetermined couse I. ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER IN DEPUTY MEDICAL EXAMINER IN DEPUTY MEDICAL EXAMINER IN October 27											ATE SIGN		
220.	BURIAL, CREMATION	oct 30, 1	2	2c. NAME OF CEMETER Holy Cros			1	Yea	TION (City, town,			(Stole)	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240	REC'D	BY REGIST	RAR 24b REGI	STAR'S SIGI	NATURE		
	F. Gas	ch's Sons H	yat	tsville, M	d.	DA	TE OC	T 30	56 CL	. sau			

BUREAU V. Z.

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DEGELVEL

		MARY	AND ST	TATE DEPART	MENT OF HEAL	TH-BAL	TIMORE, 1	8	1059	12		
		105	77	CERTIFIC	ATE OF DEA	TH		Reg. Di	st. No. coc.	142		
1,	o. COUNTY Pri	nce George		MARYLAND	2 USUAL RESIDENCE	Where deceased land	d lived If instituti b. COUNTY	on: Resider ا				
	b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (rote limits, write f	URAL and	give nearest t	own)		
	d. NAME OF HOS OR INSTITUTIO				d street address					RESIDENCE N A FARM?		
3.	NAME OF DECEASED (Type or print)	Fin	it	Middle	Lost Knudsen	4. DATE OF DEATH	Mor	m ober	Day 78	Yeor 19 56		
5.	sex Male		7. MARRIED	NEVER MARRIED	8 DATE OF SIRTH 12-16-83		9. AGE (In years lost birthdoy) 72 yrs.		Days Hou	NDER 24 HRS.		
10	a. USUAL OCCUPA	TION (Give kind of work corking life, even if retired)	lone 10b KIN		USTRY 11. BIRTHPLACE (SI	ole or foreign co		12. CI	IZEN OF WE	HAT COUNTRY?		
13	FATHER'S NAME	Potos	K	I (I th C to A)	14. MOTHER'S MAIDE	N NAMÉ	11110		, Den			
	. WAS DECEASED E	VER IN U. S. ARMED FOR:		TIAL SECURITY NO. 17.	INFORMANT ALIVE	ES	1+0 KAG	YAN	100	*		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSE] AND										ND DEATH		
	350.		T	mp/E/E/	36+ +			· · · · · · · · · · · · · · · · · · ·	4	THERE		
	Canditions, if gave rise to cause (a), statin	g the under-	P	CAPPENDI	as al Ale	100 COC			1 1	4.44 S		
MOIT												
ERTIFIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (6) 19. WAS AUTOPSY PERFORMED? OR CONTRIBUTING II CAUSE OF DEATH OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (6) 19. WAS AUTOPSY PERFORMED? YES DISCOURSED. [Enter noture of injury in Port I or Port II of item 18.]											
MEDICAL	20c. TIME OF INJI	JRY Month, Day, Yea	While	Not white	PLACE OF INJURY (Home, fo octory, street, office bldg.,	arm, 20f. (City	or town)	(County)	(Slote)		
¥		that I attended the	deceased	from Jul	19.55, 10/0					ne deceased		
	olive on	Lealy H	020 l	and that deat	h'occurred ot 3:11	ADDRESS (SI	reet, city or town,	state)		DATE SIGNED		
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Dr. Max Her	Zhona	7	M.D. Zelo GA	1214 1	7 347	7- 76	EA SA	1~7 M		
22	a. BURIAL, CREMAT	ION. 226. DATE THEREO		C. NAME OF CEMETERY	OR CREMATORY	22d. 180	ION (City, 16wn,	or county)	10	itotel		
23	FUNERAL DIRECTO	1 / 5	1.6	DID (1)	0/el 240. RI	EC'D BY REGIST	265 245. REGI	TRAR'S ST	GNATURE	1000		
L	<u>ef. [.l/</u>	- J. P.L.	0 10	114) 00 -	DATE!	0-24.	3A La	rrie	lam	thell		

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VS A15 (4) 15M 9/55

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10579	CERTIFICATE	OF	DEATH	Re

M

10596 Reg. Dist. No.

	a COUNTY . /	RESIDENCE (Where deceased lived If institution: Refidence before admission)
	O. COUNTY FINCE GEONGE MARYLAND Q. STA	b. COUNTY / LINC & FENNAR
	b. CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CIT BURAL and give nearest town)	OR/TOWN (If outside corporate finits, write RURAL and give nearest town)
)	Bladensburg 44UNS, 1	ladensburg
	d. NAME OF HOSPITAL (If not in hospital, giventreel oddress) OR INSTITUTION	EET ADDRESS e. IS RESIDENCE ON A FARM?
	L Dhe H	02-53 rd HVE YES NOTE
ı	3. NAME OF First Middle	Lost 1 4. DATE Month Day Year
	(Type or print) // 18 (T/V/)	MSdch DEATH 10-13 1956
	5 SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED B. DATE OF	BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	teindle White WIDOWED DIVORCED 1/-	26-1858 Iget bighthdory Months Doys Hours Min
ı	100 USUAL OF CUPATION (Give Mind of work dane 106 KIND OF BUSINESS OR INDUSTRY 11. Biduring gross of working life, even if retired)	RTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	MOUSEW TE HIT HOMP	Virginia 11547
ı		HER'S MAIDEN NAME
	John DANEIL E	milu
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN'	1. Address 4102-53 rd All
1	(Ves. no. or unknown) If yes, que wor or dotes of service)	ies Heller Bladeus hurar
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Wente congestive: h	east failure Bally
1	DUE TO	
	Conditions, if any, which) the properties of arteris	relegan. 10 cha.
	gave rise to immediate cause (o), sloting the under-	ACCULATED TO THE STATE OF THE S
ı	lying couse last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	PERFORMED? YES NO T
	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter no OR CONTRIBUTING 20 CAUSE OF DEATH UTTER INTERPRETATION OF DEATH UTTER INTERPRETATIO	ture of injury in Port I or Part II of item 18.)
ı		URY (Home, farm, 20f. (City or town) (Caunty) (State)
	Hour a. ft. While Not while Foctory, street	Office Diog., etc.)
١	21. I certify that hattended the deceased from Yazza	5/, to 1560 1956 that I last saw the deceased
	alive on 12 195 6, and that death occurre	
		ADDRESS (Street, city or town, state) OATE SIGNED
,	SIGNATURE MALLAS MALLAGALI M.D. 2	1008 Jave 116. 18 Dila
		130cl. 1956
ı	PHYSICIAN'S NAME (Type) Thomas E. Mattingly	
	22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMMING	22d. LOCATION (City, fown, or county) (Stote)
	anual 10-16-56 6-184 WOOD	Washington, D.C.
	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	W.W. Cham Ders. Co. 1400 Chapin	571100 t 15"1956 & M. Hofarch

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10617

CERTIFICATE OF DEATH

10599,

	7 [.							vade nist.	. 140.	
1. PLACE OF DEATH 0. COUNTY P1	rince Geor	ges	MARYLAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. STAT					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)					c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
RURAL ond give necrest town) University Park Md 10 years					University Park, Md.					
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6501 Queens Chanel Road					d. STREET ADDRESS 6501 Queens Chapel Road 6. IS RESIDEN					
3. NAME OF	Fin		Middle		lost	4. DATE	Month			
(Type or print)	Alexan	der			rshall	OF DEATH	ctol			
5. SEX		7. MARR	HED NEVER MARRIED	_	DATE OF BIRTH		A STATE OF THE PARTY OF THE PAR		YEAR IF UNDER 24 HRS.	
male	white	WIDOWI	ED DIVORCED	ן נ	Oct 16, 189	3	62 yrs.	MIDNINS D	Pays Hours Min.	
10a USUAL OCCUPATIO	N (Give kind af wark ing life, even if retired		KIND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (State	or foreign	country)	12. CITIZ	EN OF WHAT COUNTRY	
Retired	ing me, even in temes	' '	Navy Yard		Pennsy	lvani	.a	U	S A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
an	ies M. Mar	shal.	1		Margaret	Patto	n			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1		ormant hn A ^M arsha	11 0	niversity	above.	k, Md,	
Conditions, if ar gave rise to in cause (a), stating I lying couse last.	the under-)	erefrel	(.0	eede				ONSET AND DEATH	
200		INTITIONS C	CONTRIBUTING TO DEATH	BUIN	OF RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIVE	N IN PART I	PERFORMED? YES NO W	
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCU	RRED.	(Enter nature of injury in (Parl I or Pa	rt II of item 18.)			
20c. TIME OF INJURY Hour o. n. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20e Not while t of work	PLAC focto	E OF INJURY (Home, form ry, street, affice bldg., etc	, 20f. (Cit	y or town)	(Cod	unty) (State)	
21. I certify the	at I attended the	deceas	ed from 5 -1		, 19 30, to 10	2- 13	1956	that I la	ist saw the deceased	
alive on _ G	10	. 123	6, and that de	ath o	ccurred at	_M. fra			date stated above	
ACTUAL SIGNATURE	ar A	o.t	3	M.	11. 01		itreet, city or town, s		O-13. DATE SIGNED	
PHYSICIAN'S NAME (Type)	A.D	e7	ton Mil	1).	Hy	All 8	ville		el	
220. BURIAL, CREMATION	10/16/5		Arlington				TION (City, town, or ington	Virg:	(Stote) inia	
23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		£ 240. 'REC'		TRAR - 24b. REGIST			
F. Gasch	's bons	Hvat	tsvilla Man	nsr1.			יטוכו.	1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. For death. Page 4 may be retain by the hospital or ottending physician.

TO FUNERAL CYNCTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriahtransit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

fler death. Page 4

VS A15 (4) 15M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9 FilmG205 10-15-56 et

CERTIFICATE OF DEATH 10581

of this	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 FilmG205 10-15-56 et	10600
A Y	CERTIFICATE OF DEATH	
d∎ath. A ird copy	10581 CERTIFICATE OF DEATH	No. 739
affe	PRIMIE GENRUE	
20	COUNTY 1 CITY (If outside corporate limits, write RURAL LENGTH OF STATE CITY (If outside corporate limits, write RURAL end give nearest country and c	est town
An P 17	TOWN LAUREL 10-6-1953 TOWN BAKTIMORE	1.9
within 72 fumred line	HOSPITAL OR INSTITUTION OR LAUREL SANITARIUM STREET ADDRESS 2237 KINVEN	Ave.
	3. NAME OF DECEASED MARY ELLIEN MATHEWS 4. DATE (Month) OF DECEASED (Type or Print) MARY ELLIEN MATHEWS	(Day) (Year) 11) 19 50
the registrar in by the	5. SEX 6. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVORCED, II - 1570 85 8/6/ yrs. Months	YEAR IF UNDER 24 HRS Days Hours Min.
with filled in .	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) CUPCALTEACHER 10s. KIND OF BUSINESS OR INDUSTRY EARLY MCRE MULTIPLE (State or foreign country) 11. BIRTHPLACE (State or foreign country) EARLY MCRE 12.	COUNTRY?
completely transit pe	13. FATHER'S NAME WILBUR F. MATHENS 14. MOTHER'S MAJDEN NAME. MHNIE MC BY	RIDE
0 0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give war or datas of sarvica) 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS (F STITT A K	LORDS
and bur	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
cian as a	IMMEDIATE CAUSE IN CHRONIC BRAIN SYNDROME ASSOCIATION	seoval
p e d	ANTECEDENT CAUSE(S) DUE TO WITH CEKFBRANK ARTERIOSCEROSIS WITH DISEASES OF CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE OF CONDITIONS OF CAUSE	yenin
that the	STATING UNDERLYING CAUSE LAST, DUE TO	1000
quires the e attendir detached	II OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
≥ to	DISEASE OF CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
The law re	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 2216. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bidg., etc.) (Countributing Cause of Death OF INJURY straet, office bidg., etc.)	YES NO
TOR: The law re executed by the embly should be	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 218. ACCIDENT WAS UNDERLYING 276. PLACE (Home, farm, factory, 1 216. WHERE DID INJURY OCCUR? (City or lowed) (County)	YES NO
DIRECTOR: The law re been executed by the e assembly should be	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OR CONTRIBUTING 216. CAUSE OF DEATH OF INJURY street, office bidg., etc.) 216. WHERE DID INJURY OCCUR? (City or town) (Countries tither, NOTIFY MEDICAL EXAMINER) 217. TIME OF INJURY (Monih) (Day) (Year) (Hour) 216. INJURY OCCURRED While at work et work et work 1 19.	YES NO (State)
AL DIRECTOR: The law re has been executed by the ficete assembly should be	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 216. WHERE DID INJURY OCCUR? (City or town) (Countributing CAUSE OF DEATH OF INJURY Street, office bidg., etc.) 217. HOW DID INJURY OCCUR? (City or town) (Countributing Injury OCCUR? (City or town) (Cit	YES NO (State) NO (State) ast saw the deceased above.
ERAL DIRECTOR: The law recate has been executed by the certificate assembly should be 53 10M **.	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OR CONTRIBUTING 2010 AUGUST OF DEATH OF INJURY street, office bidg., elc.) 216. WHERE DID INJURY OCCUR? (City or town) (Countries that I attended the deceased from C. 9 216. HOW DID INJURY OCCUR? While Not white et work 216. HOW DID INJURY OCCUR? While Not white et work 216. HOW DID INJURY OCCUR? While et work 316. HOW DID INJURY OCCUR? While et work 316. HOW DID INJURY OCCUR? While et work 316. HOW DID INJURY OCCUR? A. A	YES NO (State)
FUNERAL DIRECTOR: The law certificate has been executed by death certificate assembly should AISC 1-55 10M ***	196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, Farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) 21e. INJURY OCCURED Not white at work et work	YES NO (State) NO (State) ast saw the deceased above.
NERAL DIRECTOR: The law ficate has been executed by the certificate assembly should 1-55 tow.	195. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While of work Not white of work 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from C 9 10 10 19 10 19 10 10	ast saw the deceased above. DATE SIGNED

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DON'T TE TOO

to do no

TO FUNERA TO HOSPY

VS A15 (4) 15M P/S5

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	keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Prince George s MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)
Oxon Hill, Maryland 45 Years	Oxon Hill , Marylan
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 5410 - Livingston Road S. E. o. IS RESIDENCE ON A FARM2. YES NO A
3. NAME OF DECEASED (Type or print) ANDREA Middle	ISTRETTA 4. DATE Month Day Year Of Death Oct. 23rd. 19 56
	8. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
Male White WIDOWED DIVORCED !	Tov. 21- 1882 73 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
Retired Merchant	Italy USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Salvatore Mistretta	Pietrina Buttone
[Yes, 89, 00 waterpart] I fit was given were or determined secretary	NFORMANT Address
Lu	ra Mae Mistretta (Wife) 5410 Livingston Rd.S
18. CAUSE OF DEATH {Enter only ann couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MCLNCL(r)	a secondary anemia. Interval Between Onset and Death
IMMEDIATE CAUSE (o) TO COLUMN TO THE TO	
	is of undetermined original
Bose use to immediate	
casse (a), stating the <u>under-</u> lying cause lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
THE ACCIDENT HAS IN DEPUNDED IN DESCRIPTION OF THE PROPERTY OF	(Enter nature of injury in Part I ar Part II of Item 18.)
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, v. v.
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, form, 20f. (City or town) (County). (Stote)
Hour o.m. While Not while for at work at work	story, street, office bldg., etc.)
21. I certify that I attended the deceased fram Jun. 16	
alive an GaT. 23. 1957, and that death	accurred at 4 50 PM, from the causes and an the date stated above
	ADDRESS (Street, city or town, state)
SIGNATURE A. ZI ICLULE D MILEDI	DR. ETIFNNÉ SZOLLOG.
PHYSICIAN'S Etienne Szollosi	WASHINGTON (21" OF C.
22a. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lawn, or county) (State)
Burial Oct. 26- 56 Cedar Hill C	
23. FUNERAL DIRECTOR'S SIGNATURE 1661 Good Hope	
Weahington 20	Road SE

BUREAU V. E.

. 0CL \$\$ 1956 ·



Hyattsville, Maryland.

10602

e. IS RESIDENCE ON A FARM?

House

12 CITIZEN OF WHAT COUNTRYS

SA

25.

Days

YES NO IN

Address Lanham Maryland. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (State) 1957 athat I last saw the deceased A.M. fram the causes and an the date stated above. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Whitfield Cemetery 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

0

FUNER 60

220. BURIAL, CREMATION, 226. DATE THEREOF

Gasch's Sons

10/27/56

REMOYAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S

3501 11 IL

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
10620	CERTIFICATE	OF DEATH	1

10603

	10000	CERTIFIC	AIL OI DEAI	**	Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	/here deceased lived If institu	tion- Residence before admission)
Prince	Georges!	MARYLAND	o. STATE Maryl	and b. COUNT	Y Prince Georges
b. CITY OR TOWN (If autside RURAL and give nearest to-	corporate limits, write	c LENGTH OF STAY IN TE	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
RURAL-Upper	Marlboro	Life	RURAL	-Upper Marlt	oro
d. NAME OF HOSPITAL (IF no OR INSTITUTION Rt.	#2. BOX	address) 184	d. STREET ADDRESS	2., Box 184	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Lillie	Middle Virgini	a Mullikin		0°7 Year 19 56.
5. SEX 6 COL	OR OR RACE 7. MARR	RIED NEVER MARRIED		9. AGE (In year lost pythody)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female Wh	ite woow	ED 💢 DIVORCED 📋	May 3, 188	2 74 yrs	Months Days Hours Min
too. USUAL OCCUPATION (Give during most of working life, Housewife	even if retired)	KIND OF BUSINESS OR INCOME. OWN HOME	Dustry II BIRTHPLACE (Slote Maryla		U. S. A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN		
William Rob	ert Sween	еу	Joanna	Norfolk	
15. WAS DECEASED EVER IN U. : (Yes, no. or unknown) (If yes, give	5. ARMED FORCES? 16.		earl Von Ga		Box 184
Conditions, if any, whis gove rise to immedia couse (o), storing the underlying couse lost. PART II. OTHER SIGN 20a ACCIDENT WAS UNDER CONTRIBUTING CAU. (IF EITHER, NOTIFY MEDICA)	DUE TO (c) IFICANT CONDITIONS C				IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAU	h, Day, Year 20d. If White	NJURY OCCURRED 20e. Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or town)	(County) (State)
21. I certify that I at alive on	73 Da	ed from	м.о. Эгру	M, from the causes ADORESS 1870et, city or town arlboro, Mar	roma 13bet 56
200 BURIAL, CREMATION, 226. REMOVAL (Specify) BURIES 10	DATE THEREOF	Trinity (22d. LOCATION (City, town, Upper Marlt	7.0
23. FUNERAL DIRECTOR'S SIGNA Ritchie Bros	**	ADDRESS Larlboro, M		TO BY REGISTRAP - PAD. REG	I. S. Helvich

nuteru V. S.

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OBA COM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 it a 7 File CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND 4010 7 6 U b. CITY OR TOWN (If outside corporate limits, wrife c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO puo NAME OF Middle 4. DATE Year Month Day DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours WIDOWED F DIVORCED [yrs. 10a USUAL OCCUPATION (Give kind of work dage) JBb. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)-FATHER'S NAME MOTHER'S MAIDENLINAME haurs 976 WAS DECEASED EVER IN U.S. ARMED FORCES? M. SOCIAL SECURITY NO. 17-INFORMANT ddress guipi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL PETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO R 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or lawn) Day, Year 20d. INJURY OCCURRED (Caunty) (State) Hour a. n. factory, street, affice bldg., etc.) Not while at work at work p. m. 21. I certify that I attended the deceased from. 195 that I last saw the deceased alive on 10 and that death occurred at_____M, from the causes and on the date stated above. CTOR ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE CELLULO P shoul NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d TOCATION (City, lown, or county) page (State) REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 15M 9/55

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MINE!

10583 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) n. COUNTY Filed , b. COUNTY MARYLAND b. CiTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corperate limits, write RURAL and give negrest town RURAL and give nearest town دوم بيليك d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS OR INSTITUTION VINC 2 3. NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) 10 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HPS 6. COLOR OR RACE 7. MARRED NEVER MARRIED 8 DATE OF BIRTH Months temale 4) hITE WIDOWED [] DIVORCED [7] 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) deoth. during most of working life, even if retired) and maruland carban ofter o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of **DUE TO** that Š Ony Conditions, if onv. which 16 been signed gove rise to immediate DUE TO ě couse (o), stoting the underlying cause last. burial-transit (c) PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 17 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. [City or town] Hour a. ft. factory, street, office bldg., etc.) White Not while ot work ot work D. m. wit. 19 5 Cthat | last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 235 M, from the causes and an the date stated above. CTOR ADDRESS (Street, city of town, stota ACTUAL shou PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** THE TREGISTRAND SIGNATURE 240 REC'D BY REGISERAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

10606

Leave

Day

12 CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

(County)

. IS RESIDENCE

ON A FARM? YES TO NO IT

Year

19



9961 81 100



Kin.

		CERTIFICA	TE OF	DEATH	Reg. Dis		3117	2. 4/				
	1. PLACE OF DEATH	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Maryland b. COUNTY Prince Georges							
b. CITY OR TOWN (If outs de corporate limits, write RURAL C. LENGTH OF STAY IN 1b				c. CITY OR TOWN		parate limite write				-		
Ý.	and give nearest town	Tuxedo 40 ye				Tux		polore minis, wills	WORLD OING	give in	101011101	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS					a IS RE	SIDENCE	
		medo Road) Tuxe	do Road			ON	A FARM?
	3. NAME OF DECEASED	Fir	at	Middle		Lost	4. DATE	Month	i	Day		ear
	(Type or print)	James		Elton		Owens	DEATH	October		١,	1	9 56
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 8.	DATE OF BIRTH		9. AGE (In years last birthday)	Months D	YEAR	Hours I	Min.
	Male	White	WIDOWE	DIVORCE		Nov, 14,	1915	40 ут.	Montar L	/dy1	noun	Mill.
	10a, USUAL OCCUPATIO during most of working	N (Give kind of work	done 10b. K	IND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (Slot	e or foreign	country)	12. CITIZ	EN OF	WHAT	COUNTRY
	Checker	,,,	E	xpress		Marylan	d		Ţ	J.S.	A.	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	James	Z. Owens			-	Matt	ie Wat	ts				
	15. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO	O. 17. INI	ORMANT		Address				
)	No	() () () () ()		18-12-783L	4_ Mc	ther- Same	addr	ess				
	18. CAUSE OF DEAT	H [Enter only one car	se per line							INTERVAL BETWEEN ONSET AND DEATH		
		H WAS CAUSED BY IMMEDIATE CAUSE (6)	Pu	lmonary ed	dema a	nd toxemia			ONSET AND DEATH			
	general de	DUE TO								}		
	Conditions, if any, which) (b) Bronchopneumonia											
		gove rise to immediate couse ((o), stating the underlying (DUE TO										
	couse lost. (e)											
	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDIT ON GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?										
	S Cirrho	sis of the	live	r						1		NO 🔲
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 17. WAS AUTOPSY PERFORMED? CITYPOSIS OF the liver 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI											
	ZOC. TIME OF INJUR	Y Month, Day, Yes			20e. PLACI	OF INJURY (Home, for	m, 20f. (Cit	y or town]	(Cour	nty)		(Stole)
	20c. TIME OF INJUR Hour 'a. m. p. m.	19		rk ot work		y, street, office bldg., et		-		_		
		_				e, held an Autap	-			/ 3 [20]	and f	find that
	death resulted	fram: Natural	causes 🗶	Accident L	_l, Suici	de 🔲 , Hamicid	le [], U	ndetermined c	ause .			
	ACTUAL ()	1 -	40 /	1							DATE S	IGN
	SIGNATURE	Mrs J-	VICIL	oney		M.D. CHIEF MEDICAL	_	·				
	EXAMINER'S		·			ASSISTANT MEDI		_			3.00	.,
	NAME (Type)	John T. Mal				DEPUTY MEDICAL			ctober	c L	, 175	0
	220 BUR AL CREMAT OF REMOVAL (Spec Ty)			22c. NAME OF CEME			1 ~	ITION (City, fown, o			(Stote	:)
	burial	Oct 4,	1956	ADDRESS	1111	Cemetery	1	itland Md	-,		tr.	
	23. FUNERAL DIRECTOR'S		**		. 7 7	A No. was	D'D BY REGIS	TRAK 245. REGIS	TRAIR'S SIGI	NĄIUR	1	4
	- dasch's	s Sons Hya	ILLSVI	.lle, Mary	yrand	. J.DATE	1	J17: 10 x	1 2	y	- 67-61	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

certificate VS A15 (4)



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH-2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY filed v a STATE b. COUNTY T MARYLAND b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE **OR INSTITUTION** ON A FARM? YES NO puo Ë NAME OF DATE Middle Last Month Day Year Pa DECEASED OF {Type or print} DEATH 1956 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost bigthday] Months Days Hours Min. DIVORCED [WIDOWED papers. yrs TOa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) and carban ofter 13 FATHER'S NAME Ove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. tending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO that ģ ij. any Conditions, if any, which (b) signed gave rise to immediate in Ber DUE TO cause (a), stating the underpup lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? **buriol**-YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f (City or town) {County} (Stale) Hour a. n. While factory, street, affice bldg., etc.) Not while at work at wark D. m. 21. I certify that I attended the deceased from that I last saw the deceased M, from the causes and an the date stated above. alive on alld accurred at ADDRESS (Street, city or town, state) ACTUAL å shauld PHYSICIAN'S NAME (Type) m 22a. BURIAL, CREMATION DATE THEREOF 22c. NAME OF GEMETERY OR CREMATORY NO. LOCATION (City, town, or county) page (State) 9 24a REC'D BY REGISTRAR 24b-MEGISTRAR'S SIGNATURE 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10612

10585	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince Troi	Q 2. S MARYLAND 2. USUAL RESIDENCE (Where dece	eased lived. If institution- Residence before admission) b COUNTY PINCL GEV.
b. CITY OR TOWN (If outside corporate limits, wri	GREENBE	orporate limits, write RURAL and give nearest town) ELT, Md.
	raso Gen. Hosp 6107 Gre	enbelt Rol. Is residence on a farmy yes [] NO
3. NAME OF OECEASED (Type or print) 5. SEX 16. COLOR OF RACE 17. M	30,17,000	ATH Oct. 22, 1856.
P W WID	DWED DIVORCED 4-16-81	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	own Home - Virginia	gn country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER SMAIDEN NAME, - Pusan C L	Bond
(Yos, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT Rathern same	from Hyattrille, Ind
PART I. DEATH (Enter only one couse por part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	r line for (a). (b). and (c).] Parabal Vascular acci	don't ONSET AND DEATH
Conditions, if any, which gove rise to immediate (typertersion	years
lying couse lost.	Advanced arterose NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	ELECTION JOHN IN PART 1(0) 19. WAS AUTOPSY
PART 11. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 11 200. CONTRIBUTING 11 CAUSE OF DEATH OR CONTRIBUTING 1206.	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or	PERFORMED? YES NO PORT II of item 18.)
	d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f.	
Hour o. n. 19 of	hile Not while factory, street, office bldg., etc.)	-
21. I certify that I attended the deca	956 and that death occurred at 10.00 AM, f	7.2., 19352, that I last saw the deceased from the causes and an the date stated above.
SIGNATURE TO THE STATE OF THE S	Mendel M.D. 4506 Ca	S (Street, city or lown, stole) DATE SIGNED DALLEGE AVE 1425/51
PHYSICIAN'S C. LOUIS	MENDEL GALEGE	PARK Ma
220, BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE	6 st phis 1 /2	Scatton (City, lown, of county) nd (Stote)
Thasehe sons	ADDRESS 24a. REC'D BY	- 18



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OCT 1, 1956

VS A15 (4)

10614

Reg. Dist. No.

	TO BE THE TOO.
1. PLACE OF DEATH Prince Gleary MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neggest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Cherry 1	Courtwood, VM,
d. NAME OF HOSPITAL (If not in hospital) give freet oddress) OR INSTITUTION June 10510	d. STREET ADDRESS 3703 Webster S7. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)
3. NAME OF DECEASED (Type or print) Shelton) S	Scruggs DEATH Och 3 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
100 USUAL OCCUPATION (Give hind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11 SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FAMER'S NAME	14. MOTHER'S MAIDEN NAME MOLL COLOR OF THE STATE OF THE
Titen Benjamin Someges.	I Thurly volumen struggs
15. WAS DECEASED EVER IN U. S. ARNIED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (10. 10. of unitarial) (17. 10. of unitarial) (17. 10. of unitarial) (18. was deceased ever in u. s. Arnied Forces? (18. social security no. 17. 1	Stella F. Scruggs above
(18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CORONARY THE	mha CLC
DUE TO	
Candition if any which \	
gave rise to immediate	
toose (o), wound the under-	
	AND DELATED TO THE TENHING OFFICE CONDITION OF THE PARTY
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Port II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While Not while of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (Caunty) (State)
21. I certify that I attended the deceased from	TC, 19 to 10/3/26, 19 that I last saw the deceased
alive an 10/3/1/2 19 and that death	accurred at 2115 M, from the causes and an the date stated above.
ACTUAL Jen R Lentsky	M.D. 4300 K SYGNO of DR. MH RUNICE UN
PHYSICIAN'S LCONR. LevitsK	10/3/
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. MANE OF CEMETERY OF REMOVAL (Specify) 10/6/56 3 erry of	CREMATORY Cem 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Malleys Junear Home ADDRESS MAT	POLICE 240. REGISTRAR CALL REGISTRAR'S SIGNATURE
The state of the s	The state of the s

212-09-5414



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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10626MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. Na PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Prince Georges! b. COUNTY Prince Jeorges eryland. MARYLAND b. CITY OR TOWN III subusia corporate limits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest found Green 16 years Crease d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Croom Road YES NO X Croom Rose NAME OF Middle 4. DATE Year DECEASED (Type or print) Elizabeth DEATH Cat. Wainwright Showel 1956 . 6. COLOR OR RACE 7- MARRIED T NEVER MARRIED X B. DATE OF BIRTH 9. AGE Ill years IF UNDER TYEAR IF UNDER 24 HRS. Months Fersle WIDOWED [DIVORCED [4.2 yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hosp' el larges Aide I ployed Lort' Carolina T. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Letcher Showell Mary Virginia Craft 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. John Letcher Slowell- Croom. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DHE TO Conditions, if any, which) gave rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO T 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED JEnter noture of injury in Port 1 or Port II of item 18. PRIMARY 19-67 CONTRIBUTING 1 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Not while at work ot work 21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection . Inquiry death resulted fram: Natural causes , Accident , Suicide Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S HAME (Type) DEPUTY MEDICAL EXAMINER TO J 2.105 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, fown, or county) REMOVAL (Specify) urria? Trinity Newport Cemetery-Charles County. 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246. REGISTRANS SIGNATURE Ritchie Brothers Upper Marlhoro, Mar.

VS ATSME(5) 5M 9/55

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10616
e ge			10587 CERTIFICATE OF DEATH Rog. Dist. No. 239
S C C C C C C C C C C C C C C C C C C C	part.		PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY MARYLAND
De Fig.	Z	dens.	b. CITY OR TOWN (If outside corporate limits, write a c. LENGTH OF STAY IN 1b RURAL and give nearest lown) RURAL and give nearest lown)
should	1	4	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
in 17		-1	320 Talkull line 320 Talkull line, YES NO
Filled ges 1 o			(Type or print) Reclared I hamas Smitson DEATH Clatare 19 1956
letely s. Poo			5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED SOLD BIRTH WIDOWED DIVORCED DIVORCED OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
executed of comp	Ė	1	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 ARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in and arban	5		13. FAFTER'S NAME 14. MOZHER'S MAIDEN NAME (
physicic prove c			15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT. (Yet no or unknown) 18 th yes, given voy or doress of service) (Yet no or unknown) 18 th yes, given voy or doress of service)
ending please ren	I)	no 225-10-4703 Richard Amelon, Lamel My
offend n plea			18. CAUSE OF DEATH [Enter only one could per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)
by the			Conditions, if any, which)
bermi	5		gove rise to immediate couse (a), storing the under DUE TO
sician.	5		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
p phy		0	
Hendir History	5		OR CONTRIBUTING (I) CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)
his cer			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
Affer I	į.		21. I certify that Lattended the deceased from 19 19 to 19 19 Shat I last saw the deceased
CTOR: detack	3		alive on Appress (Street, city or lown lates) DATE SIGNED
ي مُا لِيَّا اللَّهُ	5.		SIGNATURE COUNTY CONTRACTOR OF THE STORY OF
ERAL 3 should			PHYSICIAN'S ROBERT CWING FIELD 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, lown, or county). (State)
Poge C			During 10/22/5% Sange Cemeter Sange Maryland
VS A15 (4) 15M 9/55	DAL		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE OF BECCO BY REGISTRAR'S SIGNATURE DATE OF DATE O
	MI	1	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10617

o. IS RESIDENCE ON A FARM?

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED? YES NO D

(State)

DATE SIGNED

(Stote)

D.5.A

(County)

YES NO D

Year

19 5

BUREAU V. S.

DECEIVED

									Reg. D	ist. No.	244	
1	PLACE OF DEATH					2. USUAL RESIDENCE (WH	era deceas	ed lived. If instituti	on: Resider	nce before	e odmissi	on)
		e Georges		MARYI	LAND	Maryla	nd	b. COUNTY	Princ	e Go	orge	g
	b. CITY OR TOWN (IF RURAL and give no	outside corporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If a	utside carp	orate limits, write R	URAL and	give neor	rest town	,
		Springs		7 Yrs		Oxon Hill)
		AL (If not in hospital, g	ive street			d. STREET ADDRESS 5	006 C	rawford S	t. S	E	. IS RESI	DENCE
1./	Olst USAF	Hospital.	Andre	ews AFB	- 1	W:	ash 2	1, D.G.	,			FARM?
3.	NAME OF	Fir		Middle		Last	4. DATE	Mon	44.		-	(00)
	DECEASED (Type or print)	Lois Eliza	heth	Supeney			OF	October	13	Day		9.56
5.	SEX			IED NEVER MARRIE	D [] 8.	DATE OF BIRTH		9 AGE (In years	IF UNDER	1 YEAR		200
Fi	'emale	Cau	WIDOWE			o October 19	1/	fast birthday)	Manths	Doys	Hours	Min
	. USUAL OCCUPATIO	N (Give kind of work a	ione 10b.	KIND OF BUSINESS OF	RINDUSTI	Y 11. BIRTHPLACE (State	or foreign (12. CI	TIZEN OF	F WHAT	COUNTRY
	Housewill	ing live, even it retired;										
13.	FATHER'S NAME	E		None		Village \	MAME	ILE		USA		
	T 36 D-					W/_IY	T		7	,		
15.	J. M. Ro WAS DECEASED EVER		CES2 IA	SOCIAL SECURITY NO.	117 INE	ORMANT	son Be	eatrice W		a		
(Ye	s, no, or unknown) (1	f yes, give war or dates of se										
_	No.	Th for		None	Pau	ine Lawson,	Calla	go, Virgi	nia_			
	BADT 1 DEAT	LI WAS CAMEED BY		ne for (a), (b), and (c).						INTER	RVAL BET	WEEN
)	IMMEDIATE CAUSE (a)	Pulr	monary Edem	8.					Mi	mute	S
	, due to								Several			
	Conditions, if ony, which to immediate (b) Metastatic carcinoma of cervix to lungs, epidermoid Months											
	couse (a), stating t		type	e, with pul	monai	y effusion,	bilat	terally				
	lying couse lost.) (c)	-									
Ö	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(a) 19	WAS A	UTOPSY
CAT	Carcino	ma of cerv	ix. e	epidermoid	type						YES [
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING				Enter nature of injury in P	art I or Pa	rt II of item 18.)				
	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea		UURY OCCURRED	20e. PLAC	E OF INJURY (Hame, form,	20f. (Cir	y or tawn)	(4	County)		(State)
MED	Hour a. n. p. m.	19	While at work	Not while	TOLIO	y, street, office bldg., etc.	'					
	21. I certify the	at Lattended the	decense	nd from 0800	13.00	t. 19.56, to 182	28 13	3 Oct 1056	45-4-8	1	47	
	alive on 1645	1. 13 Oct. 5	6 1056) and that		ccurred at 1828 I	istenit Daare	<u> </u>	"rnar i	iosi sav	w the c	Jecease:
	dive on great	more	2, 12	Z, unu mai i	negin ¢	ccorred arthred T	LDDBFSS /S	m the causes a itreet, city or town,	nd on t	he date	e state	d above TE SK GNE E
	ACTUAL	4-111.	Jan	more		1401st USAE	,					et 56
	UKR		70071		M.I	Andrews Ail			15/		77.0	
	PHYSICIAN'S WII	LIAM M. HA	MNON.	Chot, USA	F(MC)			de pase				
220	BURIAL, CREMATION			22c. NAME OF CEME		Washington		<u>LaVa</u>				
	REMOVAL (Specify)	10/13/5	-			(Kurich	120 LOCA	TION (City, town, o		1 1	(State)	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	The state of the s	24a REC'E	BA BECHE	TRAR 24b. REGU	والإنجاب والماركاتكان	MATHE		
	Herry	17 1000	- Du		De.		1 (2 4)	QE 1. 1/	1 1	Th	p -7	.7
-		- 4			J	DATE	101	Jali delle	Cent 1	Marie	, it ,	4.0
												3

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4-may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs ofter death. VS A15 (4)

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10628MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10619

Reg Dist No.

						11291			
1. PLACE OF DEATH	Prince Georges	3 MARYLAND	2. USUAL RESIDENCE 0. STATE Ma	(Where deceased in	ved. If institution b. COUNTY	oni Residence be			
b. CITY OR TOWN (outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	I (If outside corporeis	o limits, write R	URAL and give	nearest town)		
Landove		7 years	1	Landover			>		
	AL OR INSTITUTION (If not in		d. STREET ADDRESS				a. IS RESIDENCE ON A FARM?		
Ardmore	-Ardwick Road		Ardn	nore-Ardwi	ck Road	1	YES NO		
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	4.4		
(Type or print)	Julia	Watson	Talley	OF DEATH	Octobe	r 19	19 56		
5. SEX		RRIED NEVER MARRIED 8			(Labirinday)	Months Days	Hours Min.		
Female	0020200	DIVORCED DIV	Sept. 22,	ate as foreign squate	44 yrs.	12 CITIZENS C	OF WHAT COUNTRY		
during most of working	ng life, even if retired)				71		Jasaa.		
Librarian 13. FATHER'S NAME	(retired)	Library	S. Caro				/6D 6K 6		
	P. Watson			Julia Mito	hell				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. #	FORMANT Siste		Address				
(Yes, no, er unknown)	(If yes, give was or dates of service)		auline Wats		d. Same	addres	38		
18. CAUSE OF DEA	TH [Enter only one cause per li					INT	ERVAL BETWEEN SET AND DEATH		
PART I. DEA	TH WAS CAUSED BY:	Toxemia				ON:	SET AND DEATH		
490X	DUE TO								
Conditions, if o	Conditions, if ony, which) (b) Lobar pneumonia								
gove rise to imme									
cours lost.									
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTR BUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINALDISEASE CO	ndition give	N IN PART 1(a)	PERFORMED?		
PART II. OTI	NTRIBUTING []	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in I	Port I ar Port II of ite	ım 18.)	,			
20c. TIME OF INJU			CE OF INJURY (Home, fo	orm, 20f. (City or to	own)	(County)	(Stote)		
Hour o. m.		hile Not while Tack	bry, street, office bldg.,	exc.)					
21. 1 certify 1	hat I taak charge of the	e remains described aba	ve, held an Auta	psy PS: Inspe	ction 200,	Inquiry 20	, and find that		
death resulted	fram: Natural causes	Accident [], Suid	cide 🔲, Hamici	ide [], Undel	ermined co				
1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
ACTUAL SIGNATURE	ohn J-Ma	loney	_M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED		
EXAMINER'S		1	ASSISTANT MEE	DICAL EXAMINER					
NAME (Type)		y, M.D.		AL EXAMINER		ber 19,	1956		
22a. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION			(Stote)		
crematio		Lee 1s	105 30	Washine	ton Des	RAR'S SIGNATU	100 /		
			`	EC'D BY REGISTRAR	246XEGIST	KAK'S SIGNATU	5/1 -4		
obert G.	c.julre 1820	9th St. N.Y.	DATE		1 1	101.0	Barchy		
	11000						10		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. IS RESIDENCE ON A FARM? YES NO Day 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH MC PERFORMED? YES NO (County) (State) .that I lost saw the deceased M, from the couses and on the date stated above. DATE SIGNED 24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 106241063MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND Maryland Geo. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Transient Landover Kent Village-Landover d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office of Dr. T. Hutchins YES NOT 7609 Kilmer Sreet 3. NAME OF DECEASED DATE Middle Month Day Year 20, Arthur Robert Tippitt October 19 56 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 8. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX Months Days Hours Min. 10-31-20 white WIDOWED [DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Schoolboy Maryland U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph arthur Tippit Bessie Agnes Gook 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give war or dates of service No. Father = Same address INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) **DUE TO** Gunshot wound of chest Conditions, if any, which] gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO DE 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 1B.) CAUSE OF DEATH. Shot accidentally by a shotgun held by another boy. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, + 20f. (City or tawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory street, office bldg , etc.) While / Not while at work Landover Pr. Geo. Maryland 21. I certify that I took charge of the remains described above, held an Autapsy 🗍, Inspection 📆, Inquiry 🛣, and find that death resulted fram: Natural causes 🗍, Accident 🕱, Suicide 🗍, Homicide 🗍, Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10-20-56 NAME (Type) John T. Malonev. 22c. NAME OF CEMETERY OF KINDRY 220 BURIAL CREMATION. 22d. LOCATION (City, fown, or county) (State) 10/23/56 Washington National Suitland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. St. debriches

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1625
×	10545 CERTIFICATE OF DEATH Reg. Dist. No.	n's
6	1. PLACE OF DEATH O. COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before of STATE Md. b. COUNTY PRINCE G	odmission)
death.	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSUILLE	t fown)
of should a	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	IS RESIDENCE ON A FARM?
illed in	3. NAME OF DECEASED (Type or print) NOSTON CONDENS 14. DATE Month Day OF DEATH OXO DOX 7:	Year 1 1957
d within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE [In years if UNDER 1 YEAR IF iost pirthday) WIDOWED DIVORCED	
od comp n paper death.	10a USUAL OCCUPATION (Give kind of work done of the low during most of working life, every if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (Side or foreign country) 112 CITIZEN OF V 112 CITIZEN OF V 113 CITIZEN OF V 114 CHIGAN	
cote le carbo	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIHUTUBBS MILLIE QUICK	
ortiffic of the state of the st	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address COLMAT PO MRS NELLIE TUBBS 4304-7 128 8 000	MANER ESIME
affendi n pleas t within	18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c)] PART A DEATH WAS CAUSED BY.	AL BETWEEN AND DEATH
by the lift. The lift of the lift.	Conditions, if any, which) to Cenebral Antenioschericsis	(eAILS
on. n signed sil perm nd in o	gove rise to immediate couse (a), stating the under- lying couse last. DUE TO	
physicinas beer for ital-tran	5 YE	WAS AUTOPSY PERFORMED?
lian: Il	200 ACCIDENT WAS UNDERLYING (200). DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC all or at this cert r use as emation	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. p. While Nat while of work at work at work at work at work at work.	(State)
NDING e haspif s Affer iched fo urial, cr	21. I certify that I attended the deceased from July , 1933, to CC/ 22, 19 26, that I last saw alive an OCT , 1956, and that death accurred at il BM, from the causes and on the date	
the details to be	ACTUAL ALTHURE REMAINS (LINES LE M.D. 3503 Perzy 51	DATE SIGNED
ATAL O RAL DII should stror pr	PHYSICIAN'S NORMAN DONAT (OMEAU KIT RAINIEN MI d_	,
moy be Doge 3 the regi	220. BURIAL CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OF CREMETERY OF CREMETERY OF COUNTY) BURIAL (Specify) BURIAL CREMATION (City, Igwn, or county) BURIAL OCT YE 19-56. (Eday Still Stuttland)	(Stote)
VS A15 (4) 15M 9/55	23. EUNISPAL DIRECTOR'S SIGNATURE 475-H St n. Whole Date: 0 100 Same Signature,	rep
	, 01000	

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VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

Rea. Dist. No.

1.	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution, Resid	ence before admission)			
-	b. CITY OR TOWN (If outside carporate limits, wri	23	7776	13221438300				
11	RURAL and give nearest town)	16 mos	c. CITY OR TOWN (IF DE	utside corporate limits, write RURAL and	1 tive nearest town)			
	d. NAME OF MOSPITAL (If not in hospital, give str		d. STREET ADDRESS	7,000	e. IS RESIDENCE			
L	Mes Bell's Home 6403	Ager Road	3502.8	reden it	YES NO DY.			
3.	NAME OF FIRM	Middle	Lost	4. DATE Month	Day Year			
L	(Type or print) Helen	Deborah	Wilks,	DEATH / O	3 1956			
5.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIR. H		ER I YEAR IF UNDER 24 HRS.			
L	Female White wind	OWED DIVORCED	May 23: 1955	lost birthday) Manihs	Days Hours Min.			
100	 USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired) 	06. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	or foreign country) 12. C	ITIZEN OF WHAT COUNTRY			
	and the state of the state of tentacy		Marula	nd i	ic SA.			
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN N	AME				
Е	Thomas & Gli	1/18	Jano	Mr Nealy				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address				
L	() Jan de la company		History in K	ussing Home				
	18. CAUSE OF DEATH [Enter only one couse pe	r line for (a), (b), and (c).	/		INTERVAL BETWEEN			
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	lud racephalus	Estrome)		ONSET AND DEATH			
	75 / X DUE TO	7			47094,704			
	Conditions, if any, which) by Shine, briefly							
П	gave rise to immediate	A A A A	1 115 111		2001, 131			
П	lying couse lost.	Termino (des)	nucher of ntal	Irlein denten				
Z	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO CEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY			
CERTIFICATION					PERFORMED?			
ĮĔ.	20d. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Part II of item 18.)				
Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL			ACE OF INJURY (Home, form,	20f. [City or town]	(County) (State)			
MED	Hour a. ft. p. m, 19 of	nile Not while To	ctory, street, office bldg., etc.)					
	21. I certify that I attended the dece	aced from A. a. 7	1955, to Be	7 3 1956 that	Flast saw the deceased			
	alive on oct 3	r1 11	-100					
		O -1		M, from the causes and an ADDRESS (Street, city or town, state)	DATE SIGNED			
	ACTUAL TRANSPORT OF	Deal augus	Callan	2 Parl Vid	10/0/5/			
П	,	n de vinesur,	M.D.	El-do-Gale Sky- Malakely	L-Defi5, f25c.			
L	NAME (Typo) Thomas A. (Phristensen	690	5 Baltimore	Blad			
	BARMOVALI (Specify) 10/5/56	22c. NAME OF CEMETERY O		22d. LOCATION (City, lown, or county	(State)			
	10/5/56	Arlington A	ational	Arlington Va.				
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246. REGISTRAR'S S	IGNATURE			
	F. Gasch's Sons Hyat	tsville, Md.	PATE	ALTERNATION CO.	me of a second			

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VS A15 (4) 15M 9/55

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1(1627	
١	10548 CERTIFICATE OF DEATH Reg. Dist. No. 240	1
1	PLACE OF DEATH a. COUNTY D. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Count	
- 10	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lya Warle nearest town) Lya Warle nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STARET ADDRESS 4216 OGKELLED A I. VES NO DECEMBER 16 NO DECEMBER 16 NO DECEMBER 16 NO DECEMBER 16 VES NO DECEMBER 16 NO DECEMBE	,
3	NAME OF DECEASED MARK First WILKES WILLAMS 4. DATE OF DEATH OF DEATH OF DEATH OF DEATH	6
1	SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR In the control of the control o	
2	12 CITIZEN OF WHAT COUNT Working life even if retired) 12 CITIZEN OF WHAT COUNT Working life even if retired) 13 CITIZEN OF WHAT COUNT WORKING LIFE even if retired) 14 S. A.	TRY
	Ernest williams Rachiel Farrett	,
וְי	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Louis & Ivilians - 7 fyattoville, M.	4
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 THE PART 1. DEATH WAS CAUSED BY: DUE TO	K.
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO	
10.640	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO	
6.64.64		
14610014	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. 19 While Nat while at work of work of work of work 19 National Processing of the colory of the color of the	le)
	21. I certify that I attended the deceased from $\frac{G}{G} = \frac{1948}{2}$, to $\frac{10-6}{2}$, $\frac{1956}{2}$, that I last saw the deceased alive on $\frac{10-5}{2}$, and that death occurred at $\frac{195}{2}$ M, from the causes and an the date stated about $\frac{1956}{2}$ m.	sed
	ACTUAL SIGNATURE ADDRESS (Street, city or town, state)	NED
	PHYSICIAN'S A Deitz M. 12 HyAttsville, Md.	
	Transportation 10/7/56 22c. NAME OF CEMETERY OR CREMATORY Charlotte 22d. LOCATION (City. town, or county) North Carolina	
2	F. Gasch's Sons Hyattsville, Maryland. 240 REGISTRAR'S SIGNATURE DATE 245. REGISTRAR'S SIGNATURE Tames Secretary	

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CERTIFICATE OF DEATH

BUREAU V. S.

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X	F	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10631 CERTIFICATE OF DEATH Reg. Dist	10630 No. 242
*	ation carefully.	1. PLACE OF DEATH: COUNTY SUNCE SLONGES MARYLAND CITY (If outside corporate limits, site RURAL) OR and give nearest, town, tin this place) TOWN Solly Hughls HOSPITAL OR STREET 2. USUAL RESIDENCE (HOME) OF DECEASE COUNTY SUNCE (HOME) OF DECEASE TOWN STREET (If rural give location)	ce desigle
	item of information of death clearly and	INSTITUTION OR STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (OF OF O	Day) (Year)
	every item	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 112	Days Hours Mln.
BINDING	Supply ever	work done during most of working life, even if retired: Work done during most of working life, even if retired: Wisher Wis	Country.
FOR	INK.	15. WAR DECEASED EVER IN U. ARMEO FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 335- H. (Yes. 70, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION	won Dr. Hyte, med.
RESERVED	NFADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 154 X IMMEDIATE CAUSE (A) Philodology Office TO	ONSET AND DEATH
MARGIN RE	TTH U Physic	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	10ma
MAI	PLAINLY, W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	PL,	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	YES NO
	R W	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR? While Not while at work 22. I hereby certify that I attended the deceased from January, 1956, to f. July, 1956, that I last	says the desensed
- 10 - 52	PLEASE TYPE O	alive on Octob 10, 1956, and that death occurred at 30 PM, from the causes and on the date	
S. A15-	PLEASI	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or DATE RED BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS (State)



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